A Lecture ON DISEASES OF CHILDREN.

Delivered at the Hospital for Sick Children, Great Ormond-street,

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INFANTILE AND FAMILY SYPHILIS.

GENTLEMEN,—It is right that I should ask you for some indulgence if I incur the risk of being tedious in the consideration of the subject of Infantile Syphilis. You may be inclined to take the view that there is very little practical use in studying this subject as I propose to do, and that it is enough if we learn to recognise the symptoms when we see them, and can treat a case satisfactorily. Now, so far as the diagnosis of symptoms is concerned, there is usually no great difficulty in recognising them; while the treatment of infantile syphilis may almost be said to be expressed in one word, "mercury." It is not the question of treatment that I propose to consider, nor that of diagnosis; for it would be difficult to give you any information on these points which is not to be obtained from most works on general medicine. You will naturally, then, inquire what object there can be in studying this disease if we exclude all considerations of diagnosis and treatment. Admitting that there may possibly be much to interest those who have the time and disposition to pursue obscure and difficult questions when an extensive field for observation is at their command, still you may feel that such questions are not important enough to occupy the time and attention of the busy practitioner. Let me dispel such an idea from your minds by assuring you that the most extensive field, indeed almost the only one which circumstances permit, for the solution of the most important and difficult questions connected with syphilis, is that which is presented to those engaged in family practice. It is most difficult for the hospital physician or surgeon to do more than diagnose and treat the cases which come under his notice, unless he makes some special provision to overcome obstacles in the way of advancing knowledge, and which in the case of syphilis are, for reasons you can easily conceive, very considerable.

Supposing that we take a dozen instances of infants suffering from the disease brought here as out-patients, what do we learn by comparing them one with another, and noting all the differences between them with the utmost attention to details? If we take cases by hundreds instead of by dozens, all that we learn is to recognise the fact that syphilis in the infant is multiform in symptoms; but why signs and symptoms should differ as they do must still remain a mystery. No increase in the number of cases will furnish the data to answer that question. Nor again will they help us to explain why two or more children in a family may show no signs of infection, while others are born with distinct evidences of it. Such questions as these we ought surely to be able to answer if we set ourselves to the task in a reasonable and scientific spirit, and pursue it with energy, patience, and perseverance. It is sad to look back to the grievous errors which have been promulgated by men of the highest ability, some instances of which I shall have occasion to refer to. We can, however, defer for the present any further remarks of this nature, and turn our attention to the clinical study of the subject.

At the close of the last lecture, a case of infantile syphilis in a child six months old was brought to your notice, of which we were able to obtain a part of the history. In the interval between then and now I have obtained the other part—the most important in many respects—the history given by the father. The mother, you remember, gave a very distinct account of her married life. She told us that she was the second wife, and that her health had been good at all times. At present she is feeling weak from anxiety, and care of the infant; but she has had no symptoms which after proper inquiry could be attributed to syphilitic infection. We then had the account of her children. The first was born dead at term; the second was born dead at the eighth month; the third was born dead at the seventh month; the fourth was born dead at the seventh month; the fifth and sixth were twins, born dead at the seventh month; the seventh is now two years old, and has ailed nothing since birth. The eighth is the infant we have just seen to-day for the second time. The symptoms of syphilis are well marked; the hands and feet are peeling; the parts around the mouth, nose, and ears are slightly ulcerated; the nates are sore; the skin is pale and waxy; and the child has snuffled since it was a fortnight old. It is not at all ill-nourished, and the most marked symptoms are the general cachectic appearance and the waxiness of the skin. You noticed also a considerable amount of swelling and redness around the right elbow-joint; and the right leg was swollen, rather red and shining, a condition which you would pronounce to be erysipelas. There is an abscess in process of formation in the right arm, and I think already there is deep-seated pus. As a rule it is better not to incise in such a case, as there is little or no pain, and the inflammatory action will soon be arrested when the constitutional effects of proper treatment are obtained. I have ordered the mother to give the following medicine: One grain of mercury and chalk every night; one grain of iodide of potassium, twenty minims of syrup of iodide of iron, water to one drachm; to be taken three times a day. The prognosis of the case is very favourable, and some day I shall bring the child under your notice again, and give you an account of the results of treatment. We will now take the history given by the father. He is fifty-one years of age. When between twenty-one and twenty-two he was infected, and was under treatment for two years; so that about thirty years have elapsed since that time. He was twice salivated during the two years immediately following infection, and when he married his first wife eight years had passed. He was then in good health, and has enjoyed good health since, with the exception that he is subject to attacks of asthma. By his first marriage he had four children. The first was born prematurely and dead; the second has grown up and is now a strong and healthy youth, seventeen years of age, who has never shown any symptoms of hereditary syphilis; the third was born prematurely and dead; and the same accident happened to the fourth. The first wife enjoyed good health and died from an acute illness in no way related to syphilis. After remaining a widower for three years he married a second time, nearly twenty years after being first infected. This history is given by a man of rather superior education and intelligence, and from the first there has been a sensible desire on his part to avail himself of the best professional advice within his means. It was his own wish that he should be fully subjected to the influence of mercury, with a result not infrequently observed in similar cases.

I need hardly point out to you what are the questions of chief interest in a case like this. As far as the infant itself is concerned there is nothing to be remarked. Its condition is a common one; and the treatment is simple enough. It is not by any means the most common form of infantile syphilis, but its symptoms were such as at once to make the diagnosis and prognosis certain. It differs in this respect from the most common form of syphilis in the infant: that the child is well nourished and well developed, and the most striking symptoms are the pallor and waxiness of the skin. There is no wasting and no extensive cutaneous ulceration. The cracks round the lips are not deep. The chief troubles are the swellings of the arm and leg. Taking all the symptoms together, you would if you saw them in an adult expect to hear that a considerable interval of time had passed since infection, and that they belonged to what is usually known as the tertiary class of symptoms. As regards the mother, there is nothing whatever to be said. It is of no use discussing the question whether she has been infected or not. There is one thing certain. It is that she may some day show signs of infection, and if she does they will be symptoms of what we call a tertiary character. Note 6 in Fournier's work is a case of this kind. No. 33 in my list is also a case. These are facts which we cannot explain at present, but we shall probably find out the solution by inquiring in each such case into the history of the father. This at least appears to me to be a line of investigation worth attention. It will be convenient, I think, if I make some remarks upon the list of cases I have drawn up in a tabular form of instances of family syphilis, as I shall have occasion to refer to them from time to time. The symbols S_1 and S_2 express as far as could be ascertained the nature or mode of infection to which the mother had

been subjected. When she suffered from symptoms of primary infection, and had contracted syphilis directly from her husband, I use the symbol S_1 to distinguish such occurrence from that where the mother was infected through the fœtus, and which is symbolised by S_2. Therefore in looking down the column containing the symbols S_1 and S_2 you can determine at once the form of infection in any particular case or number of cases. In column A the period of time is given which has intervened between the date of the infection of the father and the time of marriage. The object of this is to show to what extent it is probable that time exerts an influence in determining the evolution of specific symptoms in the mother or children, or in both. In column B a question of time is also answered, different from that in column A, and not so important in many respects, but still very necessary to the history of the family. This column gives the period which has elapsed since marriage, and enables us to some extent to compare the conditions observed when the case first came under notice with those reported by the mother or father at earlier periods of their history. I have then arranged in three separate columns the condensed history of father, mother, and offspring. Most of these histories have been taken at considerable length, and most of the details, whether positive or negative, of any importance have been noted. This table might be improved, but only at the risk of increasing its size inconveniently.

Now, in taking notes of the case which we have been considering, you perceive that there are some details especially deserving of attention. The most important fact in regard to the father is not, in my opinion, the long period that elapsed between the time when he was infected and his first and second marriages, nor the fact that he was treated so actively as to have been twice salivated, but it is that he has been the subject of asthma for many years. If this had been omitted the case would have been incomplete, and for the reason that the constitutional tendencies of the individual appear to determine to a great extent the character of the symptoms which generally follow infection, and this, too, quite as much as, if not more than, the simple influence of time. Do not suppose that I have any theory upon this point. I simply state the results of what probably many have observed and are well acquainted with. The importance of noting this fact we shall have occasion to refer to again.

The cases to which most attention should be directed in our present state of knowledge are not such cases as this, nor are they such cases as those mentioned by Fournier, where both mother and infant escaped; nor are they such cases as the 237 of primary infection in the mother mentioned by the same author. The cases of greatest interest now are those where the mother has been infected through the fœtus, and has shown symptoms of such infection; and in taking notes of these cases we must be particularly careful to have a complete history of the father. To refer again to Case 33 in my list. The fact is stated that the father was under treatment at King's College Hospital at the time that the child was brought to us here; and my friend, Mr. Royes Bell, assisted me by his notes of the father's history. I should have no difficulty in proving to you that you will find some such evidence of active symptoms in the father when the mother, through conception, becomes infected. What the relations may prove to be we will at present defer to consider. My object now is merely to explain the necessity of these details if we are to work out the questions of interest and importance connected with this subject.

We will take another case of family syphilis, of which we obtained a partial history last week, and of which I now give you the complete history. Two children were brought by the mother, the elder between four and five years of age, the younger only three months old. The infant presents the common symptoms of infantile syphilis. I mean by the common symptoms those observed in the majority of cases, and which are diagnosed without doubt or difficulty. The skin around the mouth and nose is slightly fissured and ulcerated; the child has snuffled since soon after birth, and the nates are sore, with small superficial ulcers and general redness, tending to a tinge of brown, in the parts around the ulcers. The elder child is between four and five years old; she is delicate and suffering from bronchitis; but, so far as any history of specific symptoms are concerned, we are informed that they have been quite absent. The mother gives the following account of herself. She has always been delicate, and has a tendency to bronchitis. Soon after marriage she had local symptoms of infection, with sore-throat, general weakness, &c. She gradually recovered, and latterly has had good health when not suffering from bronchitis. Of her children, the first was born dead; the second the same; the third was born alive, and died at the age of eight months; the fourth lived to the age of nine months, and suffered like the infant we have just seen; the fifth is alive, but has also suffered; the sixth is the elder of the two children brought here; the last is the infant. In the course of the week I saw the father and obtained from him his history. He is thirty-five years of age, and has been married ten years. Four months before marriage he was infected, and was under treatment, with the result that at the time he married the local symptoms had ceased, and there were no "secondaries." Very soon—that is, a few weeks after marriage—local symptoms returned, and his wife was infected, with the result we have seen. He submitted himself to treatment, and soon recovered, and has been well since. You will probably say at once that this was a case of S_1. It is entered in my list as No. 35. Compare it with No. 36 and with some few other cases. It has appeared to me doubtful whether in married women local sores are always cases of primary infection. At least, they differ generally from the common form which the disease assumes in hospitals specially intended for this malady. In the cases I refer to there is no distinct history of a primary sore. Conception takes place, and soon after—that is, within a few weeks or months—the skin, the throat, and other tissues are affected in a similar way, as far as can be judged, to that which is characteristic of the ordinary symptoms termed "secondary," when following on a primary sore. It seems if we may take the list of the cases I have tabulated, that the most common occurrence in married women is a history of freedom from all symptoms; the next most common is one of what are generally known as tertiary symptoms; and the least common are the cases of active secondaries. I have already said that a case of primary infection is very rare as the direct result of marriage, for the reason given that men do not contract marriage when suffering from local sores. I think you will see that I am arguing in favour of the view that in the condition of the father we must seek for an explanation of the varying symptoms which are presented by the mother and the children.

ON THE PATHOLOGICAL IMPORTANCE OF FLEXIONS OF THE UTERUS.

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IN communications to THE LANCET[1] on the question as to the "Importance of flexions and displacements of the uterus," Dr. Grailly Hewitt has done me the honour of criticising papers of mine on the subject; and I therefore trust I may be allowed space to try to set forth more clearly those parts of my argument in which it appears I have failed to make my meaning plain, and to point out where I cannot help still thinking that Dr. Hewitt's theories are not in accord with clinical fact.

I would ask attention, first, to the difference in title between Dr. Hewitt's papers and my present communication. He writes on "flexions and displacements." I presume that no one will deny that conditions, such as inversion and prolapse, which come under the term "displacements," are morbid changes, and cause symptoms. With regard to bending of the organ, and to its slight inclinations forwards or backwards, there is not the same agreement. I wish here to limit myself to the subject of bending. I think it beyond doubt that when the uterus is not only bent, but fixed in that shape by adhesions, or when a uterus with senile thinning of its wall becomes bent, fluid may accumulate in the uterine cavity. The question at issue is whether *mere bending* of a uterus which is functionally active and free to move prevents the natural painless performance of its functions, or in any other way disturbs health.

Dr. Hewitt says: "It will hardly be necessary to urge that cases do occur in which severe flexions of the uterus

[1] June 7th, 14th, and 21st of the current year.

give rise to great suffering, to great pain, and to various inconveniences. Those who deny that this is the case are not in my opinion open in a reasonable way to conviction, and arguments are lost upon them."[2] If this quotation be taken in its most literal sense, and as applying to cases in which neither of the two complications mentioned above are present, I must with regret admit that I am one of those upon whom Dr. Hewitt considers that argument is lost, and can only console myself by recollecting that the same censure applies to a large and increasing number of competent observers. But if I may take Dr. Hewitt's meaning to be this, that there are cases in which flexions of the uterus are *associated* with great sufferings &c. which are relieved by treatment which has for one of its results the removal of the flexion, then I quite agree with him; and the only difference of opinion is as to whether or not the benefit is dependent upon the uterus having been made straight.

In the remarks which follow I shall so often have to speak of the opinions of Dr. Hewitt, that it might seem as if the motive and subject of this paper were purely a personal one; but notwithstanding this disadvantage, frequent reference to Dr. Hewitt is not only unavoidable, but desirable; for he has so thoroughly and clearly elaborated the mechanical system of uterine pathology that, quite independently of his high position in the profession, his writings form its main support, and are the reasons of its wide acceptance; and if it can be shown that even in his writings the theory is insufficiently proved, it must fall to the ground. If Dr. Hewitt can be refuted, there is little else written on that side of the question that need be considered; if, however, a sceptic as to the mechanical system of gynæcology should admit that a flexion of the uterus may be a morbid change, it does not follow that he must accept the mechanical system of gynæcology. There is a great difference between admitting (1) that flexion of the uterus may cause symptoms in a few rare and exceptional cases, and (2) going with Dr. Hewitt in considering flexion of the uterus as the great cause of nearly all the troubles to which women are peculiarly subject. If the former of these two views be established, the latter does not follow from it.

There are four main lines along which the subject has been investigated, and which Dr. Hewitt considers in his papers, though not with equal fulness. These are—(1) statistical evidence; (2) post-mortem evidence; (3) the interpretation of signs and symptoms; and (4) the effect of treatment. To each of these I would ask attention.

1. *Statistical Evidence.*—The only statistics collected for the purpose of dealing with this question, and the only ones with which Dr. Hewitt deals, are my own and those of Vedeler. I place my own first, because they were slightly the first in order of time; but the two papers were published nearly simultaneously. Vedeler, in his first paper, makes no reference to mine, so that it is probable he had not seen it, and his observations are so numerous that he must have, at least, begun to make them before my paper was published; so that Vedeler's observations and mine were quite independently made; and they confirm one another. There are other statistics to which I have referred in my papers published in the Obstetrical Transactions,[3] which, in so far as they touch the points in question, give results similar to those obtained by Vedeler and by myself. These statistics agree in showing this broad fact—viz., that flexion of the uterus is extremely common in healthy women. This is the result attained by the only investigators who have sought to find out how often flexion occurs in the healthy. Those writers who adopt to its full extent the mechanical theory of the diseases of women take for granted, without special investigation, that the uterus in health is straight, or almost straight, and that any considerable bending is a morbid distortion. Vedeler's researches and mine concur in showing that this view, which is a fundamental principle of the mechanical pathology of the diseases of women, is erroneous; and these researches have not been rebutted by observations of the same kind. This fact is clearly established (so far as the evidence of two persons can settle anything) by the only persons who have sought to find out how often flexion of the uterus occurs in healthy women.

Dr. Hewitt, although he has no observations to oppose these, and there are none which show any different result, points out sources of error which he thinks invalidate the conclusions, and these I proceed to examine. First, he wishes a precise definition of "health" and of "complaints," and argues that the symptoms which flexions cause have not received attention or adequate recognition by previous writers; that they are often reflex; that very likely they were absent in Vedeler's patients because these belonged to the lower class; that the flexion may have only just developed, and have not had time to produce distress. These objections, it appears to me, have some weight, but not enough to prove Dr. Hewitt's theorem. If all that Vedeler's figures and mine showed was that symptoms were a little less frequent with flexions than Dr. Hewitt believed, or if Dr. Hewitt only asserted that flexion was occasionally and rarely a cause of mischief, then these sources of possible error might account for the difference in result. But when observation on the one side shows that flexion of the uterus is present in the majority of women, and almost exactly as often in those who are in perfect health as in those who suffer from uterine symptoms, while on the other side Dr. Hewitt asserts that flexion of the uterus is "the most common and most troublesome of the maladies to which the uterus is subject," and by far the most common cause of every disturbance of uterine function, it appears to me that the divergence is wider than can be accounted for by any such explanations. Dysmenorrhœa and menorrhagia, for instance, which, according to Dr. Hewitt, are almost inevitable results of long-continued flexions, are not occult, reflex symptoms, likely to be overlooked by anyone not an experienced specialist, and they are met with in the lower as well as in the upper classes. If flexion produces mischief of this kind with the frequency that Dr. Hewitt believes, it is impossible that out of several hundred cases of flexion the numbers with and without symptoms should have been almost exactly even. My own investigation was limited to the one symptom of dysmenorrhœa, of which, according to Dr. Hewitt, uterine flexion is not merely an occasional cause, but the great cause; and as to the presence and severity of this symptom special inquiry was made. Dr. Hewitt suggests that some of the patients may have been suffering from chronic ovaritis; but assuming this to be so, such cases would be distributed equally among the bent and the straight uteri, and so would not affect the result (unless it be maintained that flexion prevents ovaritis). Dr. Hewitt brings some other objections, the bearing of which I do not perceive. He speaks of the hardness or softness of the uterus. This he says introduces fallacies in examination, and he specifies the use of the sound. This instrument was not employed in any of the cases used for my investigation, from the fear of carrying diseased secretions from the vulva into the uterus; so no fallacy can have arisen in that way. He also speaks of the "double examination." I presume that this means that when the uterus was soft anteflexion was artificially produced. I do not think this was so, for the bimanual examination was always preceded by the vaginal. Some uteri may have been soft and others hard, but I do not see how this can affect the figures. Then Dr. Hewitt says that in some the flexion would be increased, in others diminished, during menstruation. I do not see how this can affect the result either, unless it be asserted that during menstruation straight uteri become bent, and bent ones straight. If this be the meaning intended, I would answer that there is no evidence that any such changes occur; and it may be remarked by the way that it is a statement which must bewilder those who think it their duty in the treatment of dysmenorrhœa to to try to cure flexions; for where is the need of straightening a canal which spontaneously gets straight during the time at which a bend would be hurtful? And how is a bend to be treated which is never present at the time eligible for treatment? It therefore appears to me that Dr. Hewitt's objections do not invalidate these statistics, and that this broad fact stands out clearly and decidedly—viz., that more or less flexion of the uterus is present in the majority of healthy women.

The next point upon which the statistics afford information is the relative frequency of flexion of the uterus in dysmenorrhœal and non-dysmenorrhœal patients. Dr. Hewitt makes some most cogent and valuable criticisms, and throws additional light on the question by his rearrangement of the figures. The statistics under consideration are contained in Vedeler's second paper. Dr. Hewitt, in the earlier part of his remarks on this paper, is not so happy as in his later ones, for he treats the figures in such a manner as to deprive them of all bearing on the question of flexions. It is this question which Vedeler discusses, and to which I here con-

[2] THE LANCET, June 21st, 1884, p. 1110. [3] Vol. xxii. and xxiv.

fine myself. Dr. Hewitt mixes up versions and flexions together. Whatever effects version of the uterus may produce, if we want to understand those of flexion we must keep cases in which the uterus is bent distinct from those in which it is straight.

Although it may be wearisome to the reader, I must proceed to substantiate this statement. Vedeler[4] divides anteflexions into three classes:—(1) the first degree, in which the ante-curvature forms an angle greater than a right angle; (2) the second degree, in which the flexion is about at a right angle; and (3) the third degree, in which the uterus is so much bent that the body and neck are nearly parallel. Dr. Hewitt quotes him to the effect that there were 59 virgins who had no dysmenorrhœa, and in 24 of whom the uterus was in a state of marked flexion or displacement. Vedeler's statement is that of the 59 virgins the first degree of anteflexion was present in 30, the second degree in 9, the third degree in 6, and retroflexion of the first degree in 2—that is, flexion of some degree in 47 and pronounced flexion in 15. Dr. Hewitt gets his figure of 24 by taking this 15 and adding to them the 2 cases of slight retroflexion, 4 cases of anteversion, and 3 of retroversion. He similarly confuses, as I think, Vedeler's statistics of the unmarried, for he quotes him as having found in 101 unmarried women 51 instances of "marked flexion or displacement." Vedeler, out of this 101 unmarried women menstruating without pain, found some flexion in 65 and pronounced flexion in 28. Dr. Hewitt takes 28, adds to them 14 anteversions and 9 retroversions, and so gets the figure 51. He next quotes Vedeler as having found in 92 married women 13 cases of marked flexion or displacement. In this instance, for some reason which he does not explain, he has not included the versions. Vedeler, out of the 92, found more or less flexion in 47 and marked flexion in 13. Taking the three classes together, says Dr. Hewitt, the cases of marked flexion or displacement amounted to 22 per cent. (non-dysmenorrhœal). The percentage, in Dr. Hewitt's mode of tabulation, I make to be 34·9. The 22 per cent. is the proportion of flexion of the second and third degrees, according to Vedeler, the total percentage of flexions of every degree being 56. Dr. Vedeler's next table consists of 100 cases of severe dysmenorrhœa, and Dr. Hewitt deals with this in the same way. He says, "Of 13 virgins, 8 had marked flexion or version." Vedeler's statement is, that of the 13, 5 had anteflexion of the first degree, 1 retroflexion of the first degree, 3 anteflexion of the second degree, 2 anteflexion of the third degree, and 2 retroversion—that is, 11 had more or less flexion and 5 marked flexion. Dr. Hewitt makes 8 by putting together the 5 marked anteflexions, the slight retroflexion, and the 2 retroversions. "Of 44 unmarried women," says Dr. Hewitt, "19 presented the same condition." Vedeler gives 47 unmarried women, 44 of whom were nulliparæ. The distinction between unmarried women and nulliparæ is important, because Dr. Hewitt, as will presently be seen, does not always bear it in mind, and consequently incorrectly uses the figures. Of the 44 nulliparæ, the 19 displacements computed by Dr. Hewitt are made up of 6 anteflexions of the second degree, 5 of the third degree, 2 retroflexions of the first degree, 2 anteversions, and 4 retroversions. There appear in Vedeler's table, beside these 22 anteflexions of the first degree—that is, 35 flexions of all kinds—11 marked flexions. The 100 dysmenorrhœal cases are completed by 43 women who had had children or were married (not 43 married women, as Dr. Hewitt gives it, but 40). In these 43 Dr. Hewitt finds 22 "similarly affected." These 22 are composed of 4 anteflexions of the second degree, 7 anteflexions of the third degree, 2 retroflexions of the first degree, 4 anteversions, and 5 retroversions. Besides these, Vedeler states there were 16 anteflexions of the first degree. In all there were 29 cases of some flexion, 11 of marked flexion. Thus, says Dr. Hewitt, 49 out of the 100 had marked flexion or version. The figures, properly arranged so as to show the effect of flexion, are as follows: out of the 100 there were 75 cases of flexion, of which 48 (44 anteflexions and 4 retroflexions) were slight, and 27 marked. This minute and tedious examination of the figures may seem of small importance; but if conclusions are to be drawn from these figures, it is necessary that they should be correctly given.

I now leave these details and pass to the more important summary of the figures. Vedeler's results are:—That out of 100 cases of severe dysmenorrhœa, in 71 there was more or less flexion and in 27 marked flexion; of 252 cases in which there was no dysmenorrhœa, in 56 per cent. there was more or less flexion and in 22 per cent. marked flexion. This, to quote Vedeler's own language, "appears to speak in favour of the great influence of flexion, and to strengthen the prevalent teaching that anteflexion is especially connected with dysmenorrhœa or one of its causes." But he goes on to say that we cannot accept these figures without allowing for the effect of pregnancy and parturition, the changes due to which often remove anteflexion. Of the 100 patients suffering from dysmenorrhœa, only 18 had had children; while of the 252 non-dysmenorrhœal cases, 95 had had children, or 37·7 per cent. Vedeler says, and Dr. Hewitt agrees with him, that nulliparous patients suffering from dysmenorrhœa must be compared with nulliparæ not so suffering. Dr. Hewitt accordingly makes such a comparison in what he believes to be an accurate summary of the tables in Vedeler's second paper. He says that in 160 nulliparæ, non-dysmenorrhœal, there were 47 decided flexions, and including all flexions, 103, or 64 per cent. Here, however, he is slightly in error, because, as I remarked before, he has not noticed the distinction between the unmarried and the nulliparous. Vedeler's table includes 59 virgins and 101 unmarried women; and it is the statistics of these that Dr. Hewitt has quoted. But of these unmarried, 13 had had children; while among the 92 married there were 10 who had not had children. When the necessary correction is made, by eliminating the 13 who had been mothers from the list of the unmarried, and adding the ten childless wives to those that remain, we get these figures: 157 nulliparæ with 108 flexions of all kinds, or 68·7 per cent.; and 44 flexions of marked degree, or 28 per cent.

There is yet another correction which has to be made before the figures can be properly used as a test of the effect of bending of the uterus. In drawing the distinction between slight flexions and decided flexions, Dr. Hewitt puts in the latter class anteflexions of Vedeler's second and third degrees, and retroflexions of any degree. I am aware that Dr. Hewitt does not consider a slight degree of anteflexion as inconsistent with health. But the question now under consideration is the effect of bending of the uterus; and from this point of view we should put as much separate slight from decided retroflexions, as we should slight from decided anteflexions. In Dr. Hewitt's 47 decided flexions there are four retroflexions of the first degree, which being deducted leaves 43 only. None of these four had been mothers; while among the 10 childless wives there were 2 with retroflexion of the first degree. This makes 6 to be deducted from the 44 above spoken of, leaving 38, or 24·2 per cent.

Dr. Hewitt objects to Vedeler's comparison, because this puts the dysmenorrhœa cases side by side with the table of healthy nulliparæ—that is, patients who said they were well, but who were not specially questioned as to menstrual pain, in his first paper, instead of with the table of nulliparæ known not to suffer from dysmenorrhœa contained in the second paper. This, I think, a very fair objection, and a very important criticism. In my judgment he here points out an error in Vedeler's mode of reasoning, although he does not show a flaw sufficient to make the figures tell in favour of his own position. I would even go so far as to say that Vedeler's figures, as arranged by Dr. Hewitt, form stronger presumptive evidence in favour of the production of dysmenorrhœa by flexion of the uterus than anything that has yet been brought forward. The figures, arranged in the manner in which Dr. Hewitt has pointed out that they ought to be arranged, and computed according to his view, stand thus:—

	Decided flexions.	All cases of flexions.
	Per cent.	Per cent.
157 Nulliparæ (non-dysmenorrhœal) ..	44, or 28	108, or 68·7
82 Nulliparæ (dysmenorrhœal)	29, or 35	63, or 76·8

But to make the figures show the effect of bending of the uterus, we must remove from the total of decided flexions the slight retroflexions as well as the slight anteflexions, and then the figures stand thus:—

	Decided flexions.	All cases of flexions.
	Per cent.	Per cent.
157 Nulliparæ (non-dysmenorrhœal) ..	38, or 24·2	108, or 68·7
82 Nulliparæ (dysmenorrhœal)	25, or 30·5	63, or 76·8

My own figures relate to the same class of patients as Vedeler's, but are smaller in number. I think the best use

[4] Archiv. für Gynäkologie, Band xxi., S. 228.

I can make of them here is to add them to Vedeler's and give the result of the two sets of figures combined. They are as follows :—

	Decided flexions.	All cases of flexions.
	Per cent.	Per cent.
234 Nulliparæ (non-dysmenorrhœal) ..	75, or 32	154, or 65·8
115 Nulliparæ (dysmenorrhœal)	41, or 35·6	84, or 73

The figures thus show a slightly greater frequency of flexions of the uterus among patients the subject of dysmenorrhœa. If this be admitted as an established fact, it still does not show that the flexion stands to the dysmenorrhœa in the relation of cause to effect. It may be that both flexion and dysmenorrhœa are the results of causal conditions common to both. For instance, statistics collected by Whitehead,[5] and others by West,[6] show that women in whom menstruation does not commence until later than usual—that is, those in whom the development of the uterus is imperfect—are more prone to derangements of health connected with its functions than other women; and a paper by Dr. John Williams was read before the Obstetrical Society of London in 1882 in which it was maintained that in cases of primary dysmenorrhœa (the kind chiefly met with in nulliparæ) the uterus is imperfectly developed. Now, according to Dr. Hewitt (from whom I do not here differ) the uterus in early life is more anteflexed than subsequently, and this anteflexion disappears as the organ enters upon functional activity. Assuming these views to be correct, we have here an explanation of the preponderance of flexion among the dysmenorrhœal—viz., that among such patients an undue proportion of imperfectly developed uteri is present. But to pursue this subject would be to discuss that of dysmenorrhœa, and I wish here to keep to that of flexion. If the inference which I presume Dr. Hewitt would draw from these figures be correct—viz., that the preponderance of flexions among the dysmenorrhœal indicates that the flexion is the cause of the dysmenorrhœa,—I would point out, first, that it does not follow that the dysmenorrhœa is produced by blocking the canal; next, that the proportion of flexions met with in the non-dysmenorrhœal is very large, and the excess of that condition in the dysmenorrhœal very slight. If it be assumed even that in every case of flexion with dysmenorrhœa the flexion was the cause of the dysmenorrhœa, it still results that 47·3 per cent. of decided flexions, and 47·4 per cent. of all flexions, are quite innocent of any connexion with menstrual pain. Taking the more reasonable estimate, that the number of cases in which the flexion stood in a causal relation to the dysmenorrhœa is represented by the excess of flexed uteri among the dysmenorrhœal cases, we find this consists of 7·2 per cent. of all flexions, 3·6 per cent. of marked flexions. If these figures indicate that flexion is a cause of dysmenorrhœa, they also indicate that it is one of the least frequent, and, therefore, least important causes. It will be noticed also that the slight disproportion is larger when flexions of all grades are taken into account than when marked flexions only are regarded, which goes to show that dysmenorrhœa associated with flexion does not increase in frequency proportionately to the sharpness of the bend, as it should do were it mechanically caused by the bending.

Such a large percentage of flexions among the dysmenorrhœal, and such a trifling difference in this respect between them and the dysmenorrhœal, seem to me altogether inconsistent with the view that Dr. Hewitt takes of the importance of the flexed condition—viz., that it is "the most common and most troublesome of the maladies to which the uterus is liable," and the cause of dysmenorrhœa in the majority of cases.

(To be concluded.)

[5] On Abortion and Sterility, p. 48.
[6] On Diseases of Women Fourth edition, p. 27.

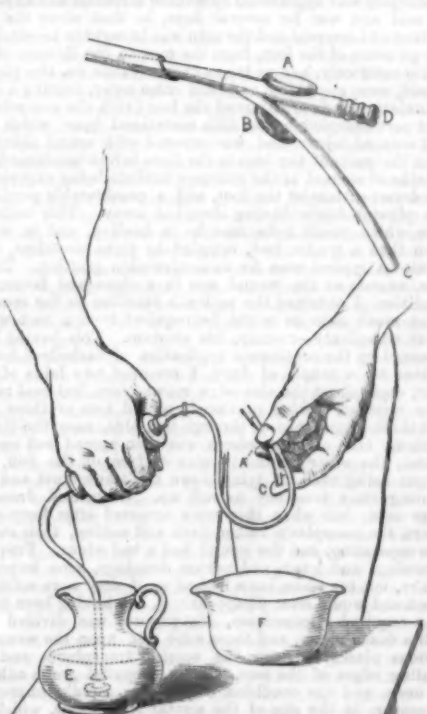
GLASGOW MEDICO-CHIRURGICAL SOCIETY.—At the first meeting of this Society, held in the Faculty Hall on the 3rd inst., the following gentlemen were elected office-bearers for the present session :—President: Dr. G. H. B. Macleod. Vice-Presidents: Drs. Hugh Thomson and David Taylor (Paisley). Council: Drs. D. Maclean, J. C. Woodburn, William Whitelaw (Kirkintilloch), W. A. Wilson (Greenock), R. Cowan, J. A. Lothian, William Patrick, and M. Thomas. Secretaries: Drs. W. L. Reid and J. W. Anderson. Treasurer: Dr. Hugh Thomson.

A SIMPLE METHOD OF WASHING OUT THE BLADDER.

BY G. BUCKSTON BROWNE, M.R.C.S. ENG.

IN the treatment of various diseases of the urinary organs it is often necessary to teach a patient to wash out the bladder. As a rule he is elderly and not very skilful, and consequently the apparatus put into his hands should be of a simple kind. In all the instruments hitherto designed there are taps to turn, and the injecting nozzle has to be constantly connected with the catheter and disconnected; hence they all lack the element of extreme simplicity; moreover, none of these movements can be made without shifting the catheter more or less, and this is very undesirable in a tender and perhaps inflamed bladder.

In February of this year Dr. Wm. Job Collins published in THE LANCET a description of a two-way tap, furnished with two stopcocks, and intended to be fixed to an ordinary Higginson's enema syringe. This excellent contrivance at once suggested to my mind the following arrangement, in which all stopcocks are done away with, and by which washing out the bladder is made as uncomplicated as possible. The accompanying figure will for the most part



explain itself. A B C D is simply a bifurcated brass tube without valve or stopcock. The end, D, is fixed to a Higginson's syringe. At A and B are discs to support (in self-use) the left thumb and second finger, the left forefinger being free to alternately close and leave open the orifice of the efferent tube at C. The jug, E, contains any bladder wash prescribed by the surgeon, and the enema apparatus is filled with it in the usual way, so that all air is expelled. The catheter is then passed, and when urine ceases to flow the nozzle is introduced into the end of the catheter. The left forefinger is firmly applied to the orifice at C, and two ounces of injection are gently introduced into the bladder

by squeezing the ball in the right hand. The left forefinger is then raised and the fluid issues from the bladder, while the right hand relaxes its pressure and allows the bulb to draw up a fresh supply of fluid. This process can be repeated as often as is desired, without trouble to the patient or disturbance of the catheter. In practice, I have found this simple apparatus prove of great service to patients suffering from atony of the bladder or prostatic disease, when washing out the bladder has been indicated. The brass nozzle is made by Messrs. Weiss and Son.

Wimpole-street, W.

A NOTE ON PREPUCE GRAFTING.

BY CHAUNCY PUZEY,
SURGEON, NORTHERN HOSPITAL, LIVERPOOL.

THE article by Mr. Clement Lucas, which appeared under the head of "Prepuce Grafting," in THE LANCET of Oct. 4th, reminds me of a case bearing upon this subject which was under my care about a year and a half ago in the Northern Hospital, Liverpool.

A sailor, about thirty-five years of age, sustained a severe crush of the soft parts of his left foot, owing to a spar falling upon it and rolling about on it during a heavy gale at sea. The injury was aggravated by want of attention and exposure to cold and wet for several days, so that when the ship arrived at Liverpool and the man was brought to hospital, the integuments of the foot, from the toes to the flexure of the ankle anteriorly, and as far as the os calcis on the plantar aspect, were sloughing, and soon came away, leaving a large granulating surface all round the foot (with the exception of that part occupied by the fifth metatarsal bone, which part had escaped injury, and was covered with sound skin) and from the bases of the toes to the lines before-mentioned, the sheaths of several of the extensor tendons being exposed on the dorsal surface of the foot, and a considerable portion of the plantar fascia having sloughed away. This looked a case which would take months in healing, and in which even then a tender foot, crippled by tight cicatrices, must result—a typical case for extensive skin grafting. Therefore, as soon as the wound was in a clean and favourable condition, I obtained the patient's sanction to the removal of as much skin as might be required from a part where there was plenty—namely, his scrotum. This having been cleansed by the continuous application of carbolised fomentations for a couple of days, I removed two folds of this skin, each about the size of a crown-piece, but oval rather than circular, having previously passed two or three long and thick catgut threads through the folds, near the line of section. One of these pieces was then spread out on the dorsal, the other on the plantar surface of the foot, the catgut being used for tying down the transplants and preventing their tendency to roll up. Carbolised dressings were used, but when they were removed after forty-eight hours, the transplants looked dark and sodden, their cuticle was separating, and the wound had a bad odour. Frequent cleansing, and gauze and oakum dressings, soon improved affairs, but the transplants looked as if they were softening down and would soon disappear. A boy having been found who required circumcision, his prepuce was divided into half a dozen pieces, and these were laid upon the wound in various places between the scrotal transplants and the healing edges of the sore. These preputial grafts adhered at once, and the condition of the sore rapidly improved; moreover, in the site of the scrotal transplants, which we thought had failed, new skin rapidly appeared, and in the course of a few weeks the whole of the large granulating surface was completely healed, partly by cicatrisation, but to a great extent covered with healthy skin. Weeks instead of months had sufficed for the restoration of a perfectly useful though rather disfigured foot.

No doubt the prepuce affords much better material than the scrotum, and for large grafts it is difficult to imagine anything better than the prepuce of a healthy infant—thin, soft, elastic, free from fat, and thus readily adapted to any surface. Unfortunately, in these days of children's hospitals, the supply of material in general hospitals is somewhat limited, but in the case of a male patient, his own scrotum presents generally an abundant supply, though the material is not of so suitable a quality. As Mr. Lucas observes, the principal objection to preputial grafts is purely sentimental; still this objection has no doubt hitherto stood in the way of utilising a material which, in these days of conservative surgery, is too valuable to be wasted.

Liverpool.

CASE OF SPORADIC TYPHUS, WITH HIGH TEMPERATURE, COMPLICATED WITH ULCERATIVE ENDOCARDITIS;

POST-MORTEM EXAMINATION.

BY AUGUSTUS H. COOK, L.R.C.P, M.R.C.S.,
MEDICAL OFFICER TO THE HAMPSTEAD INFIRMARY.

FANNY W——, aged twenty-three, married, was admitted to the infirmary in the evening of April 26th of the present year, with the following history, ascertained from her husband. The illness commenced on Tuesday, April 22nd, four days before admission. She was perfectly well in the morning, and did her washing as usual; but before dinner she felt so weak that she had to lie down, and complained of feeling very ill. She vomited and retched from the time of the seizure till the end of the week, and complained of severe headache. Her skin was burning hot, and her feet very cold, "like ice." She refused all solid food. She was cheerful and perfectly sensible. During the whole time the pain in the head was very severe ("awful"). She bore the journey to the infirmary well, expressing a wish to go. When she was an infant all her family had typhus, at Wootten-under-Edge, Gloucestershire, her case being the worst; she had typhoid fever when older, and rheumatic fever severely at the age of twelve, but she did not know of any heart disease being left in consequence; she was otherwise strong and healthy. The patient was confined four months ago, natural labour; but has never been so strong since. Her father and mother are still living, aged forty-three and fifty respectively; both are strong and healthy. Two brothers died young ("of vaccination"); two brothers are still living, both healthy; three sisters, all healthy; her baby, aged four months, is healthy; no other illnesses known. She was in the habit of leaving the unwashed napkins under the bed in which she and her husband slept, for days together, and the smell was very bad at times, especially just before her illness, when the soiled napkins had lain beneath the bed for three or four days—so much so that her husband complained about it. On admission she stated that she had been ill for nearly a week, and that the doctor thought it was a bad cold. She did not appear very ill, but the temperature was 103·8° F.—27th: At about 6 A.M. the patient became unconscious, and when first seen by Dr. Paddle and myself at 11 A.M. she was in the same state. On shouting she opened her eyes, but showed no other sign of consciousness. Temperature 103·6°; pulse 120; pupils unequal, the left dilated. No signs of any rash, with the exception of a few light-brown stains about the flanks and abdomen. There was a little tenacious and frothy mucus streaked with blood, but careful examination failed to detect any sign of pneumonia. A soft blowing murmur replaced the first sound at the apex. The urine was drawn off by catheter.—28th: Temperature fallen to 102·8°; pulse 120. Patient very delirious, but able to converse with her husband a little. Bowels, which had been confined throughout, opened by enema. Beef-tea, milk, eggs, &c., taken freely. Incontinence of urine.—29th: Morning temperature, 104°; pulse 150. Prostration extreme; patient still delirious. Temperature at 6 P.M., 106°; 108° at 9 P.M. The patient died at 11.

Autopsy, forty hours after death (at which I was assisted by Dr. Paddle).—The body was fairly well nourished; no eruption, but marked lividity along the back; rigor mortis still present. A dark clot was found on the surface of the brain, over the posterior half of the left hemisphere, about four inches long by one and a half inches wide; it was quite superficial; the vein under the clot was empty. All the superficial veins were gorged with blood, and the membranes were congested but free from opacity, flakes of lymph, or any other signs of inflammation; there was little or no effusion into the subarachnoid space or ventricles. The brain, on section, was found to be greatly congested. There were hæmorrhages into the following parts—namely, (1) into the anterior and outer part of the right frontal lobe, about the size of a pea (the centre of this clot was of a yellowish colour); (2) in the posterior part of the same hemisphere

outside the optic thalamus, of rather larger size than the above; (3) in the left hemisphere on the outer side of the posterior cornu, beneath the seat of the superficial hæmorrhage, which probably came from this source. In the cerebellum a considerable hæmorrhage was found in the right lobe, where its substance was broken down; and a slight clot in the opposite lobe. In the pons and medulla the veins were gorged, but there were no hæmorrhages. The pericardium contained three or four ounces of slightly turbid serum, containing flakes of lymph. On the parietal surface there were numerous well-marked petechiæ, about the size of a pin's head; there were none on the visceral surface. The heart contained dark-coloured fluid blood on both sides, also soft, light-coloured clots extending into the pulmonary artery and the aorta. The mitral valve was thickened and beaded, and the posterior flap presented a fresh ulcer, thickened and raised, about the size of a pea; and about an inch from this a second smaller ulcer at the free margin of the valve. Loose vegetations were on the surface of both ulcers, which came away easily on washing. All the remaining valves were healthy. There was no hypertrophy or dilatation, but the heart substance was soft and friable. The lungs were greatly congested throughout, especially the bases and posterior part, presenting the appearance of the first stage of pneumonia. Over the apices and anterior free borders there were numerous small round petechiæ. The bronchial tubes were congested and full of dark frothy mucus. There were no cavities. The right lung weighed 24 oz., and the left 20 oz. The abdomen was retracted. On opening it the peritoneum was found healthy, and its cavity free from fluid or flakes of lymph. The liver weighed 46 oz.; it was pale, but superficial veins and capillaries were mapped out over certain areas from congestion, giving it a mottled appearance; there were no hæmorrhages into it, but it was very friable. The spleen was much increased in length, weighed 14½ oz., was black, and of semi-fluid consistence. The right kidney weighed 7 oz., pyramids deeply congested, cortex normal, the whole soft and friable; the left weighed 7½ oz., pyramids congested; three or four dark nodules were seen on its surface, which on section proved to be recent wedge-shaped infarcts, dark at the circumference, yellowish in the centre; also very friable. The uterus was of normal size and consistence, the lining membrane was congested and softened. The intestines, except the lower part of the colon and rectum, were found congested. There were three or four large dark-coloured extravasations beneath the peritoneal coat, one in the jejunum, two in the ileum, and one or more in the ascending and transverse colon; there were also one or two small infarcts on the surface of the colon. The mucous membrane was carefully examined throughout, and no signs of enlargement or ulceration of Peyer's patches, or solitary glands, could be found.

Remarks.—This case is of interest from the difficulty of the diagnosis during life, owing to the absence of the characteristic rash and the rapidly fatal result on the eighth day. The diagnosis was based upon the early prostration, delirium, and coma; and upon the course of the temperature, with the absence of diarrhœa, tympanites, signs of pneumonia, or other sufficient cause to account for the fever; and it was verified by the post-mortem examination, which presented all the appearances generally found in a case of typhus.

Denning-road, Hampstead, N.W.

ON THE TREATMENT OF A CASE OF

ACUTE CATARRHAL INFLAMMATION OF THE MIDDLE EAR BY REMOVAL OF ACCUMULATED SECRETIONS FROM THE TYMPANUM THROUGH THE EUSTACHIAN TUBE.

BY SAMUEL SEXTON, M.D.,

AURAL SURGEON TO THE NEW YORK EYE AND EAR INFIRMARY.

THE possibility of relieving the tension and consequent pain and discomfort due to the accumulation of secretions in the middle ear by means of suction applied to the outlet of the Eustachian tube in the pharynx has often occurred to other otologists as it has to myself, but the operation, I believe, has been hitherto regarded as impracticable. The opportunity having been recently offered me to successfully demonstrate its practicability, and, it may be added, its simplicity, the case is reported with the hope that others may be induced to test a plan of treatment which promises more speedy relief, in certain cases at least, than is attainable by other methods. A single case, certainly, does not ordinarily afford sufficient experience from which conclusive deductions may be obtained in recommending a new departure in practice, but in the instance to be cited below the observations were confirmed by the patient himself, a person in every way capable of judging of the symptoms and sensations experienced. The case was that of my friend Prof. J. D. Bryant. He had become much run down by overwork, and, contracting a severe head cold, was taken with consecutive otitis media catarrhalis acuta on Jan. 29th, 1884. The two ears were affected in the beginning, and there was much tinnitus and autophonia, both of which symptoms increased on the 30th to such a degree that his lecture on that day was delivered with great discomfort. There was vertigo with nausea, occasional unsteadiness of gait, and very considerable impairment of hearing. The phenomenon of staggering was notable, the patient experiencing concussion of the brain and confusion of ideas from the sound of his own voice, as he himself stated, "the sound of my own voice was so confusing that coördination and locomotion were difficult." On the 31st inst. the trouble began to concentrate, as it seemed in the right ear, which was now the seat of so much pain that he came to consult me about it.

Appearance of the Ears.—The left membrana tympani was slightly hyperæmic about the short process of the malleus, but was otherwise free from inflammation. The right membrane had the general appearance of being intensely inflamed, but on close inspection the inflammation was found to be confined to the membrana flaccida for the most part; indeed, the posterior part of this structure was greatly distended, and was bulging out as though it would burst. The contiguous dermic layer lining the superior posterior wall of the canal was, for the distance of some lines, elevated and very red. The intumescence also extended somewhat downwards along the posterior margin of the membrana tympani, being sharply limited anteriorly at the malleus handle. The swollen membrana flaccida overhung the comparatively unaffected inferior segment of the membrana tympani, thus giving the appearance of much more general distension than actually existed. This case, it will thus be seen, belonged to a rather uncommon form of middle ear inflammation, since the region of the organ affected was the upper chamber of the tympanum, which lies back of the membrana flaccida and immediately beneath the tegmen tympani. The overhanging intumescence above alluded to, and entirely concealing the rest of the membrane in certain cases, is most puzzling to the observer when the true nature of the disease is not recognised, and it is in such cases that disappointment is liable to be experienced in consequence of the escape of air only when the membrana tympani is punctured, the pent-up secretions being confined to the upper chamber. On being asked by the discerning surgeon who was seeking relief if the confined secretions might not be drawn out through the Eustachian tube, it occurred to me that the operation could be successfully performed by means of the flexible Eustachian catheter[1] which I introduced some years ago. This catheter, it may be well to state here, is made of flexible rubber, but is sufficiently unyielding to retain its shape while in use. It has a soft, velvety finish, and its introduction in the adult creates so little discomfort that one which is one-fourth of an inch in diameter can generally be employed. This is readily introduced into the mouth of the Eustachian tube, and permits a large current of air to pass. I proceeded to introduce a catheter of the above-mentioned size through the inferior nasal passage, and after connecting it with a large metallic ear syringe by means of a stout piece of soft rubber tubing ten inches in length, suction was effectually established by using the syringe as in aspiration. It was worked by one hand whilst the other hand kept the catheter in place. By means of an otoscopic tube the suction in the affected ear could be plainly heard by myself with each pumping stroke of the piston, the action being yet more plainly manifest to the patient, who after one or two successful exhaustive efforts had been made exclaimed, "That does the work; the pain has gone." Suction was

[1] Vide Trans. Am. Otological Society, 1881. The catheters are made by Mr. Ford, of Caswell, Hazard, and Co.

then maintained until half a dozen strokes of the piston were made. Relief from the disagreeable tension and other symptoms was not only immediate, but it was also permanent, although the deafness, autophonia, &c. did not entirely disappear for some days. No local injury was inflicted by the catheter on the mucous membrane of the pharynx; and on examination of the membrana flaccida, it was found that its convexity was much reduced and the congestion diminished. In the previous attacks of acute inflammation of the middle ear, to which Professor Bryant has been subject, the disease has frequently gone on to the suppurative stage, and the membranes have spontaneously ruptured or were punctured. In the present instance suppurative action was probably prevented by the timely withdrawal of the secretions from the tympanum. The only medication in the case consisted of the administration, subsequent to the operation, of sulphate of calcium, in doses of one-twentieth of a grain, every three or four hours, and small doses of the fluid extract of belladonna and aconite. Even these mild measures were somewhat neglected, and the patient gave himself no rest during the attack; on the contrary, he not only attended to his practice and college work, but also made a journey out of town. At the date of the present writing, he states that he has felt entirely well for more than a fortnight.

New York.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

MIDDLESEX HOSPITAL.

POISONING BY CARBOLIC ACID; SEVERE BRONCHITIS; RECOVERY; COMMENTS.

(Under the care of Dr. SIDNEY COUPLAND.)

FOR the notes and comments in this case we are indebted to Mr. L. M. Guilding, M.R.C.S., late resident physician's assistant.

A well-nourished, healthy little boy, aged three years and a half, was admitted into Cambridge ward on Aug. 16th, having taken half an hour previously a small quantity of a solution of crude carbolic acid used for disinfectant purposes. His breath smelt strongly of the acid, and there were some excoriations about the lips. He was in a state of extreme collapse, with cold clammy extremities; shallow laboured respiration, and all but pulseless. In the out-patient room four drachms of ipecacuanha wine and a small enema of beef-tea and brandy had been administered, and after being put to bed hot-water bottles were placed to the feet and in the axillæ. As the emetic took no effect, a hypodermic injection of apomorphia, one-tenth of a grain, was tried. In a few minutes the child made an attempt to vomit, his mouth and nostrils became clogged with yellowish mucus, his face grew livid and cyanosed, and he was all but asphyxiated. His throat was swabbed out, and the natural colour in some degree returned. The general depression, however, was much worse, and the child seemed hovering between life and death. Pulse thready, fluttering, and scarcely perceptible; respiration 99, very laboured; loud mucous râles audible over the whole of the chest, and his motions passed under him in the bed. Ten minims of ether were injected subcutaneously into the arm. A second enema, containing two ounces of beef-tea and half an ounce of brandy, was administered per rectum, to be repeated every four hours, and a linseed jacket-poultice was ordered. Under this treatment he rallied, and at 10 P.M. was sleeping quietly, to all appearance free from any danger beyond a severe attack of bronchitis. Respiration 66; pulse 120; temperature 102·2°. His urine was passed under him in the bed, so that it was impossible to examine it for evidence of the poison. He slept at intervals through the night, but vomited three times; the vomit contained no blood.

Aug. 17th.—Respiration had diminished in frequency to 36, but the physical signs of bronchitis remained unaltered. He passed a comfortable day, but towards the evening was seized with severe dyspnœa and became very cyanosed. Respiration 100; pulse 120. He was ordered an expectorant mixture with ten minims of spirit of sulphuric ether and five minims of antimony wine every four hours. Curtains round cot; steam kettle; linseed poultices to be continued. Ordered two drachms of brandy in enema every four hours, and half a drachm by the mouth every hour. 12.30 A.M.: Respiration more tranquil, and cyanosis greatly diminished; but the child was so restless that it was found impossible to keep him covered up. Temperature 102·4°.—18th: The child passed an extremely restless night, but was evidently much better. Respiration 72; pulse 120; temperature 101·4°. Bronchitis still severe, but unaccompanied by expectoration.

From this date the child made steady progress to convalescence. The medicine and stimulants were gradually withdrawn, and on Aug. 25th he was allowed ordinary diet. His recovery was marked by extreme restlessness, and a vacuous, almost idiotic expression. He could not be induced to speak until two days before his discharge on Sept. 1st.

Comments.—The following points with regard to the case are of interest:—1. Where a rapid and efficient emetic is required ipecacuanha wine is practically worthless on account of the time it requires to act, and possibly owing to the fact that unless the bottle containing it is well shaken, little but sherry is administered—a practical point too often forgotten at the moment. Apomorphia is efficacious, but depressant to a dangerous degree. As an emetic nothing surpasses the household remedy of mustard-and-water. The sulphates of copper or zinc are equally good. 2. In cases of carbolic poisoning in children the main effort should be to arrest the dangerous state of shock and collapse which is invariably present, and to apprehend a severe attack of bronchitis and give it prompt treatment. This is a clinical fact which has been well exemplified in several cases admitted of late into the hospital. For apart from its immediate local effect, carbolic acid appears to be very liable to excite broncho-pulmonary irritation; and fatal cases of pneumonia due to carbolic poisoning are sometimes witnessed. 3. In the present case the long-continued condition of mental depression which supervened was remarkable, and must be attributed either to the initial "shock" or to the direct action of the poison on the brain.

LIVERPOOL ROYAL INFIRMARY.

VILLOUS TUMOUR OF BLADDER; REMOVAL BY MEDIAN CYSTOTOMY; DEATH; REMARKS.

(Under the care of Mr. REGINALD HARRISON.)

F. J. M——, aged forty-two, married, engaged in business, was admitted on Sept. 8th, 1884. In December, 1880, without any apparent cause, he commenced to pass blood in his urine. In December, 1882, he first came under Mr. Harrison's observation. Three months previous to this a catheter had been passed for him, which was followed by a considerable increase in the amount of blood and vesical irritation. For this condition, rest and various styptics were tried with some improvement. Matico seemed to answer best; turpentine increased the vesical irritation. In January, 1883, a piece of growth was passed by the urethra and proved to be villous; on subsequent occasions similar fragments were expelled along with the urine. The infusion of matico was of service to him, and at times he had a cessation of hæmorrhage for periods of six and eight weeks. In the summer of 1883, in consequence of the persistence and amount of hæmorrhage, Mr. Harrison urged the desirability of direct surgical interference, but the patient, who had by reason of his business a considerable knowledge of drugs, preferred waiting. In July, 1884, the amount of blood passed was excessive, and he became extremely blanched and exhausted. In September his condition had become still more extreme, and he requested that an attempt should be made to get at the growth. It was clear that unless the bleeding was stopped he could not survive but a few days.

On Sept. 10th he was placed under ether and Mr. Harrison opened the bladder by the median perineal incision. To give more space for manipulation the roof and floor of the prostate were incised vertically by a probe-pointed knife, an addition to the ordinary method of entering the bladder from the membranous urethra which has been found serviceable. The growth was readily felt and a large portion of it

removed by forceps and a scoop. The bladder was much distended with blood-clots, and these had to be cleared away before the tumour could be defined. The patient's condition rendered it necessary that the manipulation should not be prolonged. The amount of blood which escaped from the incision and tumour was very small, and no vessel required a ligature. One of Browne's dilatable tampons was introduced and the patient removed to bed. He seemed to be rallying nicely, urine escaping both by the tube and the side of it. Death occurred somewhat suddenly, apparently from syncope, twelve hours after the operation.

An examination of the bladder after death showed the pedicle and remains of a villous tumour, occupying the position of the orifice of the left ureter, the orifice of the right ureter was patent and dilated, as if blood had been forced into it; the bladder was hypertropied, not sacculated, but rather more capacious than natural. The prostate was normal and the incisions into it were as described. The pedicle of the growth in the relaxed condition of the parts occupied the mucous membrane of the bladder round about the orifice of the left ureter to an extent that a shilling would cover; when constricted with a ligature the space occupied was reduced to one-fourth of this; by means of a ligature the entire connexions of the growth (which in its original state was about the size of an ordinary hen's egg) could be included. Had it been possible to apply it, the ligature would probably have been the most effectual method of dealing with the growth. There were no signs of secondary deposit in any of the parts subjected to examination in the neighbouring glands.

Remarks.—Mr. Harrison observed that all cases bearing upon the operative treatment of tumours connected with the bladder or prostate should be reported regardless of results, in order that the value of the treatment may be duly estimated and the indications for operation more precisely determined. He could hardly imagine a more favourable case for operation than the one just described had such measures been resorted to earlier. The tumour was of at least four years' growth, was a true villous, and had no features which clinically could be regarded as typical of malignancy. The patient died, not from any ulcerative action, or cachexia, or from the spread of the growth, but from the continuance of a hæmorrhage it was found impossible to restrain by medicines. In this instance additional room for entering the bladder from the membranous urethra was afforded by incising in the median line directly upwards and downwards the roof and floor of the prostate. The necessity for attempting to remove, either entirely or partially, tumours occupying the interior of the bladder or the prostate will be determined by the nature of the symptoms they produce; here it was undertaken with the object of arresting a hæmorrhage under which the patient was rapidly sinking without any other chance of escape. Mr. Harrison referred, in illustration of the sudden and excessive bleeding that tumours of this nature are liable to, even when they may appear comparatively quiescent. In a case he had recently published,[1] where death from this cause took place in nine hours, in this instance slight hæmaturia had existed for some months previously, but no operation had been performed.

Medical Societies.

CLINICAL SOCIETY OF LONDON.

Nerve Symptoms in Rheumatic Affections.—Preputial Calculi.—Urticaria Pigmentosa.—Perforation of Vermiform Appendix.

THE first meeting of the session was held on October 10th, Sir Andrew Clark, President, in the chair. The attendance was numerous, and considerable discussion was elicited by the papers read by Dr. Hadden and Dr. Finlay. In the course of the evening the President congratulated Dr. C. Theodore Williams on his reappearance amongst them.

Dr. W. H. HADDEN read a paper on Certain Nerve Symptoms in Rheumatic Affections. The first case was one of glossy skin following on an acute joint affection. The patient, a woman aged thirty-five, was under the care of Dr. Bristowe at St. Thomas's Hospital. A year before admission she was attacked with articular rheumatism which lasted for six months. She was jaundiced for six weeks after the attack. A month before admission she had rheumatic pains in the knees, back, and hands. On examination no swelling or tenderness of joints was found, but she complained of rheumatic pains in various parts. All the fingers of the right hand were extended, the fore and middle fingers were wasted and sensation a little impaired. She could only flex them very slightly, but could bend the ring and little fingers more readily. She could not separate the fingers of the right hand so well as those of the left. All the fingers of the right hand were wasted, smooth, and shiny, and the nails were long and filbert-shaped. There was atrophy of the muscles of the forearm and of the thenar and hypothenar eminences. She rapidly recovered under the use of the continuous current. The second case was that of a young woman, aged twenty-six, who had had swelling and tenderness of various joints, but chiefly of the right fingers, for a week before admission. She complained chiefly of two small round superficial sores, one on the extensor surface of the second joint of the right little finger, and the other on the extensor surface of the left middle finger, near the base of the nail. They appeared about the time the joints became affected, were very tender and itched a good deal. During the last six months the catamenia had become irregular, and this fact seems to support Dr. Ord's idea that there is a relation between menstrual disorders and joint affections. The third case was that of a man aged fifty-seven, who was the subject of chronic rheumatoid arthritis of some months' standing. His face was curiously expressionless, and the whole body was held stiffly, with a marked forward inclination. The skin of both hands was smooth and shiny. The ends of the finger joints were much thickened, and there was extensive dislocation of joints. Both of the hands were flexed at the metacarpo-phalangeal joints, but the fingers were hyper-extended. There was slight affection of some of the larger joints. There was very extensive anæsthesia of both upper extremities. The prick of a pin was not felt over the front and back of the left leg and the dorsum of the left foot, but elsewhere in the lower limb there was no impairment of sensation. The interossei and extensors of both forearms were atrophied. They responded to the interrupted current, but less actively than normally. The left extensor communis digitorum gave the "reaction of degeneration." The skin and tendon reflexes were exaggerated everywhere, and there was double ankle clonus. The gait of the patient was spastic; an extension of the inflammation from the joints to the nerves might partially account for the various nerve disorders, but the author believed that it was more likely that there was an independent rheumatic neuritis. The nerve disorders were neither concerned with the causation of the gouty affection nor dependent on it. In the first two cases the trophic disorders occurring during the subsidence of the gouty affection seemed to be a relapse affecting the nerves. The author referred to a case of anæsthesia in the course of the ulnar nerve, which he had observed in a patient convalescent from acute rheumatism. The muscular atrophy, affecting chiefly the extensors, seemed to be trophic. In shoulder-joint disease the wasting of the deltoid, and in hip-disease the wasting of the glutei, supported the law that the extensors suffered more than the flexors. It was urged by some that this depends on some selective action of the spinal cord, but the cases of lead palsy and alcoholic paralysis, in which the disease is due to the peripheral nerves, renders it possible that in joint affections a similar cause holds good. The occasional occurrence of rigidity and ankle clonus, perhaps, depends on affection of the spinal cord, although the author believes that such conditions are sometimes due to lesion of the peripheral nerves. The duration and intensity of the joint affection has nothing to do with the cause of these trophic disorders. The cases given neither support nor disprove the theory of articular rheumatism.—Sir ANDREW CLARK believed that in chronic rheumatism, osteo-arthritis and chronic gout disorders of sensation and motion were very frequent; he had never seen the glossy skin in chronic rheumatism, but frequently in osteo-arthritis and chronic gout.—Dr. T. BARLOW briefly related four cases which bore on the subject. The first case was one of acute rheumatism in a man aged forty; a severe attack of rheumatic fever was followed by hyperpyrexia, after which he was found to be affected with anæsthesia in the tract of the ulnar

[1] Liverpool Med. Chir. Journal, July, 1884.

nerve, with some wasting of the interosseous muscles of the same side; these nervous conditions soon passed away. The second case was similar to the first, but the amount of wasting was more considerable, so that it looked like progressive muscular atrophy. The third case occurred in a very stout lady, who had an attack of rheumatism; here also the ulnar nerve suffered, and there was wasting of the interosseous muscles. The fourth instance was that of a boy aged fifteen, who was afebrile when first seen; there were signs of mitral obstruction and a history of previous rheumatism; here the nervous symptoms could only be explained by a lesion of the brachial plexus high up in the axilla, since anæsthesia and atrophy were so extensive and irregular in distribution. The degenerative reaction was obtained for a few days only, and the case finished by recovery. A rheumatic inflammation of the sheaths of the nerves was the probable explanation of the above cases, though in the first instance an injury might have played a part, since the man was so violent as to require the strait-jacket.—Dr. LONGHURST inquired whether any evidence of syphilis was present; this was answered in the negative.—Dr. STEPHEN MACKENZIE said that many instances of arthritic inflammation were ascribed to rheumatism, but he could not disregard the possibility of the joint affection and the nervous lesion being due to disease of the spinal cord. He had seen a very remarkable case, which began as one of acute febrile disease, and was diagnosed as acute rheumatism; but when Dr. Mackenzie first saw the case the character of the inflammation of the joints was not like that of acute rheumatism. Incontinence of urine and sacral bedsores appeared, and slight reaction of degeneration was detected in some muscles. The girl made a complete recovery, and there could be no doubt that the symptoms were due to an acute affection of the spinal cord. Caronic and degenerative changes were credited with the power of producing arthritic disease. A definite local lesion of the spinal cord was possibly present in these acute cases without involving the theory that rheumatism was dependent on disorder of the spinal cord.—Mr. HOPKINS narrated a case of absolute paraplegia, during the course of which both knee-joints and ankle-joints were inflamed; there was rapid wasting of the muscles. The patient recovered considerable power, but the joints remained stiff, and the muscles gave no reaction to the faradaic current.—Dr. MILLER ORD referred to a paper read before the Society some years ago in which he had pointed out the agency of the nervous system in the production of arthritic changes. Nodosities of the fingers brought about by uterine affections were possibly due to a reflex nervous influence. Many of the so-called rheumatic affections of joints might be explained by reflex trophic changes produced by the intermediate action of the spinal cord, or again, primary affection of the nervous centres might be the cause of trophic changes in the joints. Charcot had published cases of arthritis of slight, not painful, character, which were followed by atrophy of muscles excessive as compared with the joint lesions. In chronic rheumatoid arthritis the trophic changes might be referred to the intermediate action of the spinal cord. He thought there were many cases which observers were too apt to class as chronic rheumatoid arthritis, which probably owned a neural origin. It was important to recognise that inflammation of joints was common to many conditions.—Dr. HADDEN, in reply, said that it was clear that some observers had met with anæsthesia in cases of rheumatism. He had seen trophic lesions in gout, such as unilateral sweating and glossy skin. No accidental pressure existed in any of the cases he had seen, and so he regarded Dr. Barlow's first case of anæsthesia as of rheumatic origin.

Mr. JOHN CROFT read a brief paper on Preputial Calculi in the Inhabitants of the Fiji Islands. He pointed out that the proportion of males which suffered from phimosis was very great. The calculi were numerous, and composed chiefly of phosphatic matter.

Dr. RADCLIFFE CROCKER showed the drawing of a case of Urticaria Pigmentosa which occurred in a girl aged four and a half months, who came as an out-patient to University College Hospital on September 22nd, 1883, with a history of the affection having commenced when she was three weeks old, coming out first as tubercles singly or in groups. Each tubercle was the size of a small pea, of a yellowish-brown colour with a pink areola; on some of them a small bulla formed, the contents of which became absorbed in a few days, leaving a permanent tubercle of yellowish-red colour; some of them grew larger, and the older ones paler, forming lesions varying in size from a hempseed to a bean, and in colour from a brownish-red to a pale-fawn, but mostly yellowish; they were not pruritic at first, but later on itched at the period of evolution. They covered every part of the body, including the palms and the soles, but were thickest upon the trunk and neck; a few shrunk a little, but most remained unaltered, except that fresh vesicles formed on some of them; there were never any ordinary wheals, nor was factitious urticaria present. The child died of whooping-cough and bronchitis in May last, but signs of improvement in the skin had commenced about a month before death. In reviewing this and the other nineteen published cases, Dr. Crocker summarised the facts known about the condition, and remarked that while cases like Dr. Tilbury Fox's worst and his own were very unlike urticaria, the intermediate cases brought it into closer relationship with that disease; moreover, nearly every one of the special features of urticaria pigmentosa were seen in exceptional cases of ordinary urticaria. The remarkable point was that in this disease all these rare symptoms combined in one individual to form a definite clinical variety.

Dr. D. W. FINLAY communicated a paper on a case of Perforation of the Vermiform Appendix, with Peritoneal Abscesses, followed by death from Pyæmia after a long interval. The patient, a baker, was admitted into the Middlesex Hospital on Jan. 4th, 1884. He complained of severe pain over the whole abdomen, which was moderately distended, tender, and tympanitic. The areas of liver and splenic dulness were normal. The heart and breath sounds were normal. The tongue was dry and coated, with a brown strip down the centre; the cheeks flushed; the lips dry and cracked. The pulse was 96, compressible; the temperature was 99·6°; the respiration 24, and entirely thoracic. The urine was turbid with lithates, and very acid, sp. gr. 1034, free from albumen and sugar. The patient had a similar attack three years previously. Otherwise his health had been good. His present illness came on a week before admission with griping pains across the lower part of the abdomen, followed by vomiting, headache, and diarrhœa. He was treated with opium, and put upon a diet of milk and beef-tea, and three days after admission appeared much better; the general tenderness of abdomen had disappeared, but there was a spot midway between the costal margin and iliac crest on the left side, where tenderness remained, and the percussion note was dull. On Jan. 9th his bowels were opened for the first time after admission, the motions being loose and light in colour, with a few small scybalæ. During the night he had been seized by pain in both parotid regions, and this was followed by swelling and tenderness, with inability to open the mouth. Both swellings suppurated, and were incised; his temperature slowly rose, and he became delirious, and sank somewhat suddenly on Jan. 16th. He had had no rigors. At the post-mortem examination three large and as many small abscess sacs were found within the peritoneum, the oldest-looking being around the vermiform appendix, which was perforated about half way from its attachment. The appendix was plugged by a small mass of fæcal matter on the cæcal side of the perforation. The peritoneal surface generally showed old fibrous bands and greasy-looking flakes uniting the coils of intestine together, with some recent injection, but almost no recent lymph. The other organs were fairly normal, except that the lungs were œdematous, and the left pleura contained a quantity of clear serous fluid. The case seemed interesting from the prolonged latency of the disease, the perforation of the appendix having probably taken place on the occasion of the previous attack, adhesions being then formed which prevented for the time a fatal result. It was certain, at all events, that the abscess sacs were of very considerable age, and it was a striking fact that the man should have been able to go about his daily work apparently in good health with such a condition of his abdominal cavity.—Dr. MAHOMED had for some time directed his attention to the subject of the recurrence of perityphlitic attacks. In the majority of such cases we had to deal with a concretion in the appendix vermiformis. He had thought of performing some operation for removal of the concretion, and had practised the procedure on the dead body. The case of a man was referred to who had suffered from frequent attacks of perityphlitis, in whom the operation had been carried out with complete success. The operation was like that employed for ligature of the external iliac artery; by this means the vermiform appendix could be seized by the finger and felt through the parietal peritoneum; a neat

incision on to the calculus contained in the appendix would serve to liberate the concretion. He admitted that cases which perforate into the pelvic cavity were more difficult to deal with. The value of being able to diagnose whether the perforation had taken place into the peritoneal cavity or was more limited was next dwelt upon in its relations to the operation referred to. A physical sign had been pointed out by Professor Austin Flint. This sign was loss of the hepatic dulness in cases of perforation into the peritoneal cavity, and Dr. Mahomed could testify to its correctness. In reply to Sir Andrew Clark, he said that the calculus was mainly a phosphatic concretion.—Dr. THEODORE WILLIAMS referred to the case of a young man who was the subject of phthisis, during the progress of which he one day felt a sharp pain in the right iliac fossa, which was due to a localised peritonitis, as the further history showed. Later on the patient died of pneumothorax, and then the localised abscess was found to have been dependent upon ulceration of the vermiform appendix, which had not led to extensive mischief. The abscess was enclosed completely within a small area, and he thought that surgical interference might have been less satisfactory. He would not be anxious to proceed to the operation proposed by Dr. Mahomed until it was probable that the mischief would be more severe if left to nature. — Mr. HOWARD MARSH thought the suggestion made by Dr. Mahomed was valuable. Nothing could be smaller than the beginning of cases of perityphlitis, which not rarely went on to a fatal termination. He thought the operation would become an acknowledged one. The relation of the appendix to the peritoneum might vary; in his experience it was sometimes behind and outside the peritoneum, but in the majority it was probably within the peritoneum, and had a mesentery of its own. Where the operation could be done without opening the peritoneal cavity, every surgeon ought to perform it. But the difficulty no doubt was how to diagnose the relations of the appendix. Brief mention was made of a case in which perityphlitis, the result of perforation of the appendix, was diagnosed, but in which the patient was too ill to be operated upon. Perforation of the small intestine a few inches above the ileo-cæcal valve was discovered at the autopsy.—Mr. BRYANT was of opinion that in cases of cæcitis the suggested operation, or something akin to it, should be performed more frequently than it was. No doubt, such cases commenced in the connective tissue around the cæcum or vermiform appendix, and early surgical treatment directed to let out the pus, would prevent the suppuration extending far upwards and downwards, thus taking away the worst aspect of the affection. If the surgeon made an incision into the connective tissue of the part, he felt sure that it was the right method. He had tested the possibility of the procedure on the cadaver, and in three cases in the living subject. But he agreed that the question of diagnosis was the trouble. In this relation, he pointed out that associated with this inflammation pain travelling along the anterior crural nerves was not infrequent, and simulated hip disease, for there was also flexion and rotation outwards of the thigh. Again, forced extension produced pain in the cæcal region in such cases.—Mr. CHRISTOPHER HEATH considered that an important sign by which it could be determined whether perforation had taken place within or without the peritoneum was the presence of surgical emphysema; gentle palpation sometimes detected a sensation of crackling in the iliac fossa, and then the perforation was outside the peritoneal cavity.—Mr. R. W. PARKER related the case of a boy who went to the Hospital for Sick Children because he could not pass urine. It appeared that he had received a blow in the loin. Great pain was followed by vomiting, which ended in death. It would seem that a local peritonitis had been induced by a concretion in the appendix having perforated, and that the vomiting had led to the development of general peritonitis, from which the patient rapidly succumbed. This case illustrated how dangerous and unsuspected such concretions were.—Dr. MAHOMED wished it to be understood that he would not operate during the acute stage of the malady, but only when the mischief was quiescent.—Dr. LONGHURST made some remarks on the frequency with which perityphlitis recurred. In one patient there had been five attacks in the course of two years. A means of prevention of the recurrence would be of great service.—Dr. FINLAY, in reply, said that in cases of intestinal perforation obliteration of the hepatic dulness was well known at Middlesex Hospital, and perforation from enteric fever was almost always attended with this sign.

The following living specimens were shown:—Congenital Tumour of the Shoulder, by Mr. Barker; a case of Endarteritis Obliterans, by Mr. Pearce Gould; a case of Bullous Iodide Eruption, by Dr. Radcliffe Crocker; and a case of Pseudo-hypertrophic Paralysis with Contracture of the Thigh, by Dr. T. Barlow.

OPHTHALMOLOGICAL SOCIETY.

Central Choroiditis with Good Vision.—Pseudoglioma and Purulent Meningitis.—Effects of Bisulphide of Carbon and Chloride of Sulphur.—Recent Detachment of Retina.—Night Blindness.—Action of Hydrochlorate of Cocaine.

THE first meeting of the session 1884–85 was held on October 9th, Mr. Jonathan Hutchinson, F.R.S., president, in the chair. Sir William Bowman, Bart., was unanimously elected an honorary member. A committee consisting of Messrs. Nettleship, Green, and Adams Frost was appointed to inquire into the prevalence and nature of impaired sight and nervous affections resulting from the exposure to the fumes of bisulphide of carbon and chloride of sulphur as met with in the manufacture of certain kinds of india-rubber.

Dr. BRAILEY read a letter which had been received from Mr. R. G. Hamilton, stating the steps which the Local Government Board for Ireland had taken in response to the resolution passed by the Society on July 12th in reference to the prevention of blindness. A circular letter had been sent by the Secretary of the Local Government Board for Ireland to the medical officer of each dispensary district, to the midwives of each district, and to the clerk of each union.

Mr. NETTLESHIP showed a drawing of a very remarkable case of Central Choroiditis, with almost perfect acuteness of vision. The choroid over the whole of the yellow-spot region was superficially atrophied, and to a great extent covered by large densely black patches of pigment. The retinal vessels were normal, and the optic disc healthy. There were a few detached patches of pigment beyond the yellow-spot region. Vision was $\frac{6}{9}$ fairly, and 1 Jaeger. No scotoma could be made out, but the visual field was defective at the periphery. The appearances were those of superficial choroiditis, with great proliferation of the pigment epithelium, and infiltration of some of the pigment into the retina. Such changes, involving the fossa centralis, would seem to be incompatible with such good vision as the eye preserved. Two alternative explanations were suggested: either that a slightly eccentric fixation had been acquired, or that the choroiditis had in reality occurred in the deepest larger layers of the choroid. But the fact that the pigment masses lay in front of the large choroidal vessels militated against the latter view.—Mr. WARREN TAY asked to what cause the choroiditis was probably due.—Mr. NETTLESHIP regarded hæmorrhage as the most likely explanation; there was no history of syphilis. In answer to Mr. Hutchinson, he affirmed that the field of vision was a little contracted.—Mr. HUTCHINSON commented on the remarkable extent and severity of the disease, involving the fossa centralis, with the preservation of excellent vision.—Dr. ANGEL MONEY referred to a similar case which had been under the care of Mr. Tweedy at University College Hospital.

Mr. NETTLESHIP read a paper on Pseudoglioma followed by death from Meningitis, and said that in a previous paper attention had been drawn to the frequency with which attacks of destructive ophthalmitis, simulating glioma, coincided with some general illness, often presenting pyæmic symptoms. The patient, a girl aged two years and a half, died of cerebro-spinal meningitis, secondary to purulent otitis. The disease of the eye, which was purulent irido-cyclitis, with suppuration of the vitreous, was most probably pyæmic, as was also the meningitis. The case threw some light on the rare cases in which meningitis occurs after excision of an acutely inflamed eyeball; both occurrences might be set down as local pyæmia, or spreading phlebitis. If, however, pseudogliomata in children were really the result of a pyæmic process, it was necessary to assume that children recovered from pyæmia with considerable frequency. The previous history of the patient in this case was negative. She was taken ill on March 2nd, shivered, vomited, and had some diarrhœa. The eye was noticed to be inflamed on

March 3rd, and she was brought to the hospital on March 5th, when purulent inflammation of the left cornea was noted, and a mass of semi-transparent lymph, blocking the pupil and lying in flocculi in the anterior chamber, was detected. On the following day the temperature ranged between 102·2° and 103·6°, and there was a small firm swelling over the head of the right fibula. On the following day both knees were slightly swollen and tender; the lymph was disappearing from the pupil and the anterior chamber of the left eye; there was marked papillitis of the right eye. The left eye subsequently shrank rapidly, and the patient died of exhaustion six weeks after admission. The necropsy revealed no important lesions, except in the brain and spinal cord. The cura cerebri, optic tracts, and chiasma, the pons, and fore part of the cerebellum, were covered with thick yellowish-white lymph; the roof of the middle ear on the right side was yellowish and softened, the membrana tympani was softened and partially detached, and the middle ear and mastoid cells contained much thick pus. The whole posterior half of the cord, from the upper dorsal region downwards, was covered with yellowish lymph. In reply to the President, Mr. Nettleship said that no phlebitis could be demonstrated.—Dr. ANDERSON referred to the frequent association of cerebral abscess with ear disease without any discoverable tract between the two affections.

Mr. NETTLESHIP also read a paper on Amblyopia and Nervous Depression resulting from the Vapour of Bisulphide of Carbon and Chloride of Sulphur. In the manufacture of certain kinds of indiarubber the material is "cured" (vulcanised) by being passed through a bath consisting of bisulphide of carbon (thirty-two parts) and chloride of sulphur (one part); a strong vapour arises during the process, and the work is believed by the men to be unhealthy. Mr. Nettleship said that he had recently met with a case of amblyopia in a young man, aged twenty, who had been engaged in the "curing house" for about nine or ten months. After about three or four months of the work his health began to fail; he felt great weakness in all his limbs, and a liability to nausea; for some weeks before admission he had severe headache, and about three weeks before admission his sight became, apparently suddenly, so bad that he could not see people on the pavement; vision grew worse, and when admitted vision was $\frac{1}{72}$ with each eye, and 12 Jaeger. He stated that he saw worst in bright daylight; the fields of vision were not curtailed. After admission, improvement commenced, and on the nineteenth day vision was $\frac{4}{24}$ on the right, and $\frac{4}{18}$ on the left; the optic discs were pale, and there was a filmy haze over them; the neighbouring retina showed the "watered silk" appearance. He returned to work in the indiarubber works, but not in the curing-house, on leaving the hospital on Aug. 25th. On October 6th sight was a good deal improved (vision was $\frac{4}{18}$ and 6 Jaeger); there was a large and ill-defined scotoma for red, a little to the outer side of the centre of each field; the scotomata were quite symmetrical. The optic discs were paler and clearer. He was well and strong, and more cheerful. Dr. Ernest Fuchs, Professor of Ophthalmology in the University of Liège, who had happened to see the above case, had communicated to Mr. Nettleship the notes of a similar case. The patient was a young girl, aged twenty-three; she was pale, thin, and weak; the muscles of the thenar eminence and the interossei muscles were atrophied; sight was very imperfect; right vision was $\frac{1}{60}$, left $\frac{1}{36}$; there was slight neuritis of each eye; the optic discs were pale and hazy, but not swollen. The patient stated that since she began working with the bisulphide of carbon bath she had suffered from weakness of the limbs, coldness, formication, headache, giddiness, and loss of appetite. She was admitted into the hospital, and slowly improved under treatment with strychnine administered hypodermically. About eight weeks after admission it was noted that there was a small well-defined central scotoma for red in each eye. Sixteen weeks after admission sight had much improved, vision $\frac{1}{12}$. About seven months after admission the scotoma had disappeared, and right vision was $\frac{1}{12}$, left $\frac{1}{9}$. Eight months and a half after admission the optic discs were paler than normal, but sharply defined; the atrophy of the interossei and thumb muscles had disappeared; vision had improved; right vision $\frac{1}{9}$, left $\frac{1}{6}$. Mr. Nettleship, commenting on the cases, referred to a similar case which had been recorded by Dr. Alexander Bruce; in this case the man lost his sight rapidly after an unusually prolonged exposure to the fumes, but there had been previously, for some months, great nervous and muscular weakness; there were no ophthalmoscopic changes, and the patient entirely recovered in about four months. Dr. Bruce had also recorded two other cases of poisoning by bisulphide of carbon, in which the same weakness and depression were noticed, but not amblyopia. The cases were of great interest in Mr. Nettleship's opinion, as illustrating in a new way the peculiar liability of the optic nerves, as compared with other nerves of special sense, to be damaged by influences which depress the whole nervous system.—Mr. HUTCHINSON asked whether any inquiries had been made of the manufacturers to ascertain whether the injurious nature of the process of "curing" with bisulphide of carbon and chloride of sulphur was well known.—Mr. NETTLESHIP believed that but few men were engaged in that particular process, and could not give a decided answer to the question.

Dr. W. A. BRAILEY read a paper on the Treatment of Recent Detachment of the Retina founded on three cases. The first patient was a man, aged forty-three. The eye was previously normal judging from the history and from the condition of its fellow. A complete detachment of the retina had apparently occurred fourteen days earlier, during a severe fit of coughing. Gradually perception of light returned, till, on admission, he could count fingers at a foot. When he presented himself six days later for treatment by scleral puncture, vision was $\frac{1}{12}$, and the field very much larger than before. Indeed, no detachment was now to be made out, but there were large opacities in the vitreous, especially near the seat of detachment. This improvement was maintained when last seen, three months later. The second case was a boy, aged twelve. The retina was detached at its upper and outer part, probably after a blow from a stone three months earlier. The lower and inner part of the field was wanting, the defect passing the horizontal line above and the vertical meridian below. It just embraced the fixation point. The retina so far reapplied itself after treatment by scleral puncture, rest, atropine, and jaborandi, that, except for some little peripheral limitation, corresponding to the seat of the previous detachment, the only absolutely blind part was a band or track extending directly inwards to the fixation point, which it involved. This band corresponded to the lower edge of the detachment as first seen ophthalmoscopically; but that edge of the retina lay, when the patient was last seen, in a flat fold. Two weeks later, the improvement was still maintained. The third case was a man, aged forty. The defect first appeared six months before admission, when he was suffering from a violent cough. It gradually increased till September 25th, when he was sent to Guy's Hospital by Dr. Reynolds, of High Wycombe. Then the inner half of the field was wanting, the defect extending beyond the fixation point and vertical meridian above, but not quite so far below. He was able only to count fingers at eight feet. After scleral puncture, atropine, jaborandi, and eight days in bed, the field was conspicuously enlarged, the fixation point being now free. Vision was $\frac{1}{12}$; nor could any detachment be made out any longer; but there were numerous floating opacities in the vitreous, especially near the seat of the detachment. Dr. Brailey remarked that since in at least two out of the three cases the eye had been presumably normal, the detachment would appear to have occurred in association with a healthy vitreous. He found it impossible to understand how either a blow or any violent pressure on the globe could cause a detachment under such circumstances without rupture of the retina, of which he had not been able to find indications in these cases. The rupture would, he thought, be more reasonably attributed to the recoil of the tunics than to the original pressure. The value of the treatment was demonstrated in the third case, where the affection was progressing up to the time of operation. Though valuing puncture, rest, and atropine, he was not convinced as to jaborandi. He thought, in face of these two cases, that a simple puncture, if large enough, was quite as effective as any more complicated process; and, indeed, that it excelled the latter in rendering anæsthesia unnecessary. A bent iridectomy knife, five millimetres wide, seemed to him to be the most effective instrument.—Mr. NETTLESHIP spoke of the case of a man, the subject of myopia, in whom a retinal detachment had occurred very rapidly. In this case tapping was performed, and the patient made to lie on his back. Great improvement followed, and the operation was repeated with still further improvement, but two months later he came back as bad as ever, and the other eye had become similarly dis-

cased. He had tapped in many cases, but this was the only one in which even temporary improvement was obtained.—Dr. BRAILEY, in reply, pointed out that Mr. Nettleship's case was myopic, whereas his own were not, the sound eye being normal in every respect.

Mr. W. ADAMS FROST read notes of two cases of Night-blindness. The first was that of a painter, aged thirty-four, who had had six attacks of night-blindness, each coming on whilst he was painting white houses in the spring, the weather, except on two occasions, being very bright. Each attack lasted about a fortnight, and disappeared under treatment by rest, tonics, and the use of eserine. Vision during the attacks was $\frac{6}{18}$, and the visual field was normal. The patient was somewhat anæmic, but there was no history of any illness. He was in receipt of good wages, and had not been underfed. He had never had any symptoms of lead-poisoning, nor had he ever been out of England. The second was that of a lamplighter, aged nineteen, who for six weeks had been engaged in painting the lamp-posts on country roads in excessively bright weather. After three weeks' painting he suffered severely from pain and lacrymation. Three weeks later he suddenly found that he could not see one evening, and this inability to see in a dull light continued until his visit to the hospital two weeks later. His vision then, in ordinary daylight, was normal ($\frac{6}{6}$ and 1 Jaeger), the visual field was normal. He presented no signs, and had had no symptoms of lead-poisoning. He was treated with tonics and instillation of eserine, and recovered in about five weeks. A month later he had a relapse, from which he recovered in about a fortnight. Since the previous attack he had been following his ordinary occupation of lamp-lighting.—Mr. WALTER H. JESSOP had observed patches on the conjunctivæ in cases he had seen. The patches looked like small bubbles of air, and were easily scraped off. On these dry patches numerous bacilli of uniform size were found. These observations had been noted by Mr. Snell and others. Two of the children were underfed, one nearly starved, and the third case was that of an adult male suffering from albuminuria. Artificial cultivations from two cases showed the same characters, and the growth was perceived to be a very slow one. The dry patches disappeared at the same time as the night-blindness.

Mr. ARTHUR BENSON (Dublin) read some observations on the Action of Hydrochlorate of Cocaine on the Eye. He had experimented with a 2 per cent. and a 4 per cent. solution on himself and about twenty-five other individuals. He found that anæsthesia of the cornea and conjunctiva was produced by a drop instilled into the conjunctival sac; that this anæsthesia came on almost immediately after its application, and lasted only about five or six minutes, when it gradually but rapidly faded away. He considered that, as far as his experience went, the drug was of no appreciable assistance in operations, the anæsthesia being too imperfect. In most cases it produced slight paresis of accommodation, with partial dilatation of the pupil for about half an hour, followed by contraction of the pupil and spasm of accommodation, which again gave way to the normal condition in about one and a half or two hours. He had extracted cataract, done iridectomy and some minor operations with its aid, but found no appreciable benefit except in the most trivial cases. The anæsthesia was very transitory, and it was therefore necessary in order to obtain the best results to use the drug very shortly before operating.—Mr. MARCUS GUNN had employed hydrochlorate of cocaine in these cases, and had come to the same conclusions as Mr. Benson.—Mr. NETTLESHIP had tried it in two cases; it had produced marked anæsthesia without any inconvenience, and he suggested that, if the drops were frequently instilled so as to maintain the effect, the drug might be practically useful.

Dr. BRAILEY showed living specimens of (1) Detachment of the Retina of the Left Eye, decidedly improved after scleral puncture, and (2) Optic Neuritis with increased Tension (relieved by eserine) associated with numbness of the face and recent severe pains in the head, some loss of power in the left side and slight albuminuria; the vision had deteriorated.

As card specimens Mr. NETTLESHIP showed a drawing of new formation of Pigment on the front of the Iris, and Mr. MARCUS GUNN a peculiarly shaped Eyeball, the inner part of the fundus being bulged so as to produce hypermetropia to the extent of 3 D, while the outer part of the fundus corresponded to myopia of 4 D.

ABERNETHIAN SOCIETY.

A MEETING of this Society was held at St. Bartholomew's Hospital on Oct. 9th, when an introductory address was delivered by DR. J. WICKHAM LEGG. He began by pointing out that in all education there were two kinds of knowledge to be imparted: first, the mere storing of facts; secondly, the digestion and assimilation of facts—the first a mere exercise of the memory, the second the exercise of the higher faculties of the mind. For the first there were the lectures, demonstrations, class examinations, medals, and academical rewards; while for the second there was at St. Bartholomew's the Abernethian Society, in which the student who had learned his facts was taught to ponder over and reflect upon the ideas that he had gained; the Abernethian Society being, in fact, an intellectual gymnasium in which the mind was trained and exercised, just as it was in the disputations and exercises of the mediæval universities. In conclusion, Dr. Legg pointed out the decay of real university training that had followed of necessity in the wake of the examination system—the superficial smattering encouraged by what he called dissipation of mind, not progress in knowledge; and the introduction of which into England was one of the many evils for which the University of London would have to be responsible.

Reviews and Notices of Books.

Injuries and Diseases of the Jaws. The Jacksonian Prize Essay of the Royal College of Surgeons of England, 1867. By CHRISTOPHER HEATH, F.R.C.S., Holme Professor of Clinical Surgery in University College, London, and Surgeon to University College Hospital; Consulting Surgeon to the Dental Hospital. Third Edition. London: J. and A. Churchill. 1884.

WE regret that we have been unable to notice at an earlier date the appearance of the third edition of Mr. Heath's well-known work on the Jaws. The fact that the essay in its original form gained the Jacksonian prize testifies to its high order of merit, and the zeal and ability with which Mr. Heath has subsequently prosecuted his studies in this department of surgery have made this third edition a valuable exposition of our knowledge of diseases and injuries of the jaws. The gross characters and the physiological peculiarities of tumours of the jaws have always made them a subject of special interest to surgeons, and the enlarged information on these growths which Mr. Heath is able to give in this edition deepens the reader's interest. The main alterations in this edition are those which have been made necessary by the advance of pathological research. Thus Mr. Heath has adopted the view of the multilocular cysts of the lower jaw propounded by Mr. Eve, who regards them as arising by epithelial growths starting in the gum, and not as of dental origin. The microscopical characters of the tumours removed by Mr. Heath in recent years are added to the clinical histories of the cases; and a valuable chapter on diseases of the temporo-maxillary articulation has been appended, which makes the work far more complete than heretofore. The work has long held its place as the standard authority on the surgery of the jaws, and this third edition will not only strengthen its position but must add to the reputation the author has already won in this department of practice.

Manual of the Dissection of the Human Body. By LUTHER HOLDEN, late President of the Royal College of Surgeons of England, Consulting Surgeon to St. Bartholomew's and the Foundling Hospitals. Fifth Edition. Edited by JOHN LANGTON, Surgeon to, and Lecturer on Anatomy at, St. Bartholomew's Hospital; Member of the Board of Examiners, Royal College of Surgeons of England, &c. London: J. and A. Churchill. 1884.

MR. HOLDEN'S works have always been favourite text-books with English medical students, and this is largely due to the fact that they are more easily read and understood than

any similar works in the English, or indeed in any foreign, language. Mr. Holden writes simply and clearly because he has a definite and precise idea of what he intends to write, and the student understands Mr. Holden fully because every statement is definitely and clearly put. There is not an involved sentence, or one capable of being misunderstood, in any of his writings. The popularity of his Human Osteology has somewhat overshadowed his Manual of Dissections, but the same easy style runs through both. For a companion to the higher student in the daily work of the dissecting-room we should still advise Professor Ellis's well-known treatise as superior in minuteness and accuracy of detail, but to the average pupil for whom such details are unnecessary and frequently too burdensome, the present volume cannot be too highly recommended, and the surgical hints which are interspersed lighten the task of the student and make the work itself more interesting. The new edition has been entirely revised by Mr. Langton, is enlarged by about 200 pages, and contains thirty new woodcuts. It is only due to Mr. Langton to add that while the anatomical descriptions are much more detailed and many important omissions have been supplied, the work has lost nothing in readableness or style. The publishers are to be congratulated on the appearance of the book: in binding, clearness of type, and well-defined illustrations it leaves little or no room for improvement. We only question whether it is not too elaborately finished for the student to keep by his side in the dissecting-room.

THE GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

THURSDAY, OCT. 9TH.

SIR HENRY ACLAND, PRESIDENT, IN THE CHAIR.

THE adjourned debate on Sir Henry Pitman's motion for sanctioning the combined scheme of the Royal College of Physicians of London and the Royal College of Surgeons of England was resumed.

Mr. COLLINS said he could not vote for the motion, as he considered the scheme to be opposed to the convictions he had entertained for years past with reference to medical reform. His opinion was that a tripartite board was what was really needed in the three divisions of the kingdom, a combination of the corporations to be joined or not, as might be thought best by the universities. He believed that the universities had determined that it was better for them not to co-operate in such a scheme, and in that opinion he entirely concurred. It was an open secret that the Society of Apothecaries in England and Apothecaries' Hall in Ireland were the real difficulty in the way of a corporate union in those countries. Happily the Scotch corporations had arranged a corporate union and combination satisfactory to themselves and to the Council, and he did not despair of such a union between the English and Irish corporations. The time would come when all the corporations would have to look the question steadily in the face. The Society of Apothecaries of London was a body that could not be ignored in any measure of medical reform, for more than half the medical practitioners in England were amongst its licentiates. As to the Apothecaries' Hall of Ireland, he thought some misapprehension existed with reference to its status and rights. He knew that it was connected with a drug establishment, and if he was asked after an experience of forty years whether that was a wise arrangement ninety years ago, he should say that he believed it was, and that it continued to be so. It was no new thing that the College of Physicians in Ireland had put its corporate foot down upon Apothecaries' Hall, but its action had been unheeded by the Irish Legislature itself when sitting in Dublin, and by the Imperial Legislature down to the present time. It was time that there should be some wise and harmonious combination beneficial to the bodies themselves, to Ireland, and to the United Kingdom. With regard to the proposed scheme, he considered that it was in many respects an excellent one. As to the primary examination, he had more than once expressed his opinion that it was insufficient and incomplete as far as general practitioners were concerned. He was sorry to find that the fees were not to be lowered and brought into harmony with those of the Scotch corporations. In order to do away with unpleasant rivalries, he thought it would be desirable that there should be as nearly as possible a uniform standard of fees in the three kingdoms. He could not vote for Sir Henry Pitman's motion because he thought it would hinder a larger and better system of medical reform in England and Ireland.

Dr. DUNCAN said he dissented from the conclusion drawn by Mr. Simon that the Council ought not to sanction the scheme until it was ascertained that the College of Physicians had power to refuse its single qualification. No such remark was made when a similar proposition was made by the Scotch bodies and sanctioned by the Council. The matter was one for the College of Physicians alone to settle, and no doubt when the sanction of the Council had been given that College would consider the subject in all its bearings.

Dr. STORRAR said the Council was not justified in refusing its sanction to the claim simply because it did not include the Society of Apothecaries. The Act empowered them to sanction the union of "any two or more colleges or bodies;" and as two bodies had proposed to combine, he saw no reason for refusing the sanction of the Council simply because they had not included a third. The question raised by Mr. Simon was not a question for the Council, but for the College of Physicians, to settle. As to the desirability of the universities taking part in the examination, no body had been more ready to go out of its way for that purpose than the University of London. But there was really no prospect of medical legislation, and if they could not get all they wanted, why not accept all that they could get? He thought it would be folly to wait for further legislation, which reminded him of Goldsmith's line:—

"Remote, unfriended, melancholy, slow."

Sir HENRY PITMAN said that the amendment condemned as wrong for the College of Physicians that which it regarded as right for the College of Surgeons in reference to the power of withholding qualifications. That was not equal justice, giving to one body what was denied to another. He thought that Dr. Quain could hardly know the meaning of the words "a partially qualifying body." The College of Physicians proposed to co-operate with the College of Surgeons, and its licentiates would have to obtain the diploma of that body. Dr. Quain laid great stress upon the fact that the licence of the Royal College of Physicians was a double qualification, but the idea that when it was granted the same document put into the hands of a candidate who had passed a better examination became only a partial qualification was one that he could not comprehend. The singular contention appeared to be that it was a full qualification before it was granted, but when granted under altered and better conditions it became a partial qualification. Let the Council take care not to pronounce that which was untrue, which it would be doing in passing the amendment. As to the amount of the fees, that was a matter for the bodies themselves to decide. If either of them chose to charge fifty guineas for its licence it would not require the assent of the Council. The argument as to inconvenience appeared to him to be a childish one. Was it really a serious inconvenience for a candidate to go to the College of Surgeons to be examined in surgery instead of being examined in Pall-mall?

Dr. HAUGHTON said it did not appear that the College of Physicians had been under any particular pressure in making the proposed arrangement. It appeared to have the entire approval of the majority of the Fellows, and, under those circumstances, he, as a stranger, was bound to consider that they had discounted all the points of opposition that had been raised, and that he ought not to refuse his sanction to the proposal. All that the College of Physicians proposed to do was to ask a particular group of competent examiners to conduct the surgical part of their examination, and he did not see how such a request could be refused.

Dr. HERON WATSON said that the question was one appertaining to the two Colleges, and the proposal appeared to be strictly within the lines of the Act of 1858,

Clause 10 giving a right to two or more bodies to combine. The Council, he thought, had no right to withhold its approval of such a combination, unless it believed that there was something behind the scheme which would be injurious. The representatives of the two Colleges sat at the Council, and had stated that the scheme had the approval of both those bodies, and, under all the circumstances, he thought that the arrangement was one which should be sanctioned.

Dr. STRUTHERS thought that the objections to the present scheme equally applied to the old English conjoint scheme, under which, no less than under the former, the College of Physicians divested itself of some of its powers. It was true that some persons were still clinging to the old English scheme, but it was in reality impossible and impracticable. In Scotland they not only disapproved of it, but they would not have it. The present scheme was workable and viable, which the other was not. As to legislation, no such Bill as that which was presented last year was possible. It was all very well to talk of obstruction in the House of Commons, but it was the intelligence of the House of Commons that would stop any such Bill. Government itself was satisfied that no such measure could pass. He did not believe any Bill could ever pass the House of Commons that did not contain the proposal made by Sir Lyon Playfair, or that superseded existing qualifications as instruments of registration. He thought it was essential that each body should retain the right to admit those who had already received the qualifications of other bodies. The great thing was that single qualifications should be stopped. The division of the examinations under the proposed scheme was an admirable arrangement. Hitherto, when a student was rejected in one subject he was rejected in all, but that would no longer be the case.

Mr. MACNAMARA said he did not know of a more genuine curriculum than that presented in the proposed scheme. The scheme was not, as had been alleged, "a sham," and as to the talk about "the battle of the shops," that might be left to the anonymous medical journalism of London. What was proposed was a bird in the hand, which would be much better than doubtful birds in a distant bush.

Dr. HUMPHRY maintained that under the proposed scheme there would be three examinations less than before and one examining board less.

Dr. LYONS objected to the scheme for its coldness and caution. It was, he said, tentative and halting, and wanted the characteristics of a courageous and trusting proposal. It would have been more promising if it had been more generous and had included bodies that were now left out in the cold. Those bodies would agitate until they were admitted, and the Legislature if necessary would come to their aid. The object of Parliament was to create a large body of well-educated men—educated up to a moderate standard—with a view of providing for the great wants of the State. At present there were 8000 or 9000 herbalists in the country, and there were no means of dealing with them. Government was hopeless in the matter, and it sought the aid of the medical bodies. Under such circumstances he should like to see the leading bodies in England and Ireland coming forward and offering their help, and endeavouring to find some common ground on which all could unite with a view of producing a qualification that would be suitable to all classes of the community, meeting the wants of the large body of men who were now treated by those outside the ranks of the profession. It was not wise to overlook the means they had of thus assisting the State in its endeavours. Each corporate body should be willing to give up something in the general endeavour to meet the requirements of the State in that direction. He hoped, therefore, that the proposed scheme would be sent back to the College of Physicians and the College of Surgeons with a view of seeing in what way they could better accommodate themselves to the great and crying wants of the State. What advantage did the State derive from the union of two bodies like the College of Surgeons and the College of Physicians? How could such a joint body render more assistance to the State than the two bodies could separately? It might be said that their example would be followed by others, and perhaps in Ireland. That might be so, but the example set to Ireland was not a good one. Nothing satisfactory could be accomplished until they found some *modus vivendi*, in the nature of a joint qualification, in which the apothecaries would be allowed to share under such reasonable safeguards as might be recommended.

Dr. QUAIN said that a curious point might arise on the proposed scheme. A person might come with a qualification in medicine from Scotland and go to the College of Physicians asking to be admitted. They would say, "You must go to the College of Surgeons and pass your examination there." He then produced his qualification in surgery from Scotland and they would refuse to examine him. The question was whether if a man had a double qualification he would be admitted by the English College of Physicians and the English College of Surgeons without further examination.

Mr. MARSHALL said he thought it was very unlikely that a man who had held a double qualification in Scotland would come to the English bodies, but such questions were mere matters of detail, and could be settled by the committee of management under the direction of the two Colleges.

Dr. QUAIN said that the two Colleges were not only in union with one another, but with all the medical and surgical qualifying bodies in the country whose licentiates they would have to admit. As to the approval of the scheme by the College of Physicians, he might be allowed to say that that body now knew a great deal more about the subject than when it was first hurriedly brought before them, when they were carried away by the golden colours in which the formation of a great "national board" was proposed. He believed that if the subject were now brought before the College they would reject the proposal as unanimously as they had before accepted it. He maintained that he was correct in stating that under the scheme the College of Physicians would be a partially qualifying body, because it went outside its own walls to get a qualification.

The amendment was then put, and rejected by thirteen votes against five.

Dr. CHAMBERS moved, "That the proposal of the Royal College of Physicians of London and of the Royal College of Surgeons of England to co-operate under the direction of the Council receive the sanction of the Council, provided that full facilities be afforded to the other licensing bodies in England to co-operate with the above-named Colleges under the direction of the Council." He said that when he first saw the scheme he hailed it with greater pleasure than anything else that had occurred since he had been on the Council, because he thought that it was a progressive step towards his El Dorado, the union of all the licensing bodies of England into one. But he was alarmed to hear the statement of Dr. Struthers that such a thing was impossible. He could not accept that view, and he hoped that some assurance would be given that the proposed scheme was not to be a final one, but that facilities would be offered for the union of the other licensing bodies to form a joint examination board for the whole of England, thus setting a good example to Scotland and Ireland. He would be quite willing to sanction the measure in order that it might be carried out to its legitimate conclusion.

Sir HENRY PITMAN said he could not, on the part of the College of Physicians, assent to Dr. Chambers's amendment, which was a proposal to compel the affiliation of one or more other bodies without any knowledge as to the conditions under which it was to take place. The Act of Parliament gave power to the Council to sanction the co-operation of any two or more bodies, but it did not give it the power to force all the bodies into affiliation.

Mr. MARSHALL said he could not accept the amendment on the part of the College of Surgeons, and he should feel it his duty to vote against it.

Dr. HERON WATSON thought that the amendment was entirely uncalled for. A definite scheme was laid before the Council, which it was asked to sanction, and it had nothing to do at present with other bodies.

Mr. SIMON said he confessed to being one of those referred to by Dr. Storrar as hankering after the old scheme, the loss of which he regarded as a misfortune to the prospects of the medical profession in the country. He had never heard it suggested by any Englishman that the scheme had been thrown aside because it was unworkable, and until the present scheme was brought forward he had not heard that any of the authorities who had entered into the old scheme had withdrawn from it on that ground. When the scheme of the Colleges of Physicians and Surgeons was first brought forward the old scheme was still in force. The diminished scheme now submitted had some good points about it. The curriculum and the educational examination appeared to be a great improvement, and there was a great deal in them for

which the profession might be thankful. He objected to the scheme not because of its positive provisions, but because of its extreme insufficiency. Only two of the bodies were represented, and he regarded it as a great misfortune that the universities were not co-operating. The corporations would, he thought, be greatly strengthened in their work by the assistance of the universities, especially in the management of the examinations. The spirit of the universities was in his opinion twenty years younger than that of the corporations, and their absence from the scheme seriously endangered the management of the examinations. But a much more serious matter was the absence of one medical corporation; that he considered a great blot upon the scheme. The Apothecaries' Society was omitted, and was, he believed, in a condition of protest, and under those circumstances it was difficult for the Council to say that it could unreservedly approve of the scheme. It should not be forgotten that the Society of Apothecaries was called into existence on account of a neglect of duty on the part of the College of Physicians, which distinctly refused to charge itself with the education and examination of the general medical practitioner. The Society of Apothecaries undertook that duty, and for many years it was the body which contributed in a most important way to improve the status and education of the general practitioner. The College of Physicians was peculiarly bound to be tender to the Society of Apothecaries, and to refrain from any endeavour to thrust it aside. He heartily rejoiced in the approximation of the two Colleges; but he agreed with Dr. Chambers that the Society of Apothecaries ought not to be unhandsomely treated, and that facilities should be offered to them to join the combination on reasonable terms. It had been said that the combination was intended to put an end to inconvenient competition; but would that result be brought about if the Society of Apothecaries was forced to stand alone as an examining body in London, retaining as it would its legal rights to have its licentiates placed on the Medical Register? The result would in reality be an inconvenient competition. He believed that for some purposes the combination would in reality be strengthened by the inclusion of the Society of Apothecaries. There were departments of practice in which its experience might be of use even to the College of Physicians and the College of Surgeons. He suggested that the proposed scheme might be sanctioned on the understanding that the two Colleges shall not be at liberty to refuse the further co-operation of any other of the licensing bodies if offered on terms which the Council thought proper.

Mr. BRADFORD said he was thankful to Mr. Simon for the honourable mention he had made of the Society of Apothecaries, and he hoped that in any conjoint scheme that might be sanctioned by the Council due opportunity would be afforded for the co-operation of that Society, which he believed it was generally admitted had acted liberally and beneficially towards the profession at large, and which he had no doubt would continue to exercise the same salutary influence.

Dr. DUNCAN said there was nothing in the scheme itself that was hostile to the inclusion of the Society of Apothecaries, and he believed that every member of the Council would be glad to see some mode of bringing about that result. It was not, however, to be supposed that that feeling of justice was universally entertained in the profession, for extensive support was given to a Bill which omitted entirely the Societies of Apothecaries in London and Dublin. He opposed the amendment, and supported the original motion. He hoped never to see the union of all the licensing bodies in any of the kingdoms, for he thought that would be the worst possible conclusion that could be arrived at. The evils of the one-portal system were greater than any advantages which it possessed.

Dr. STRUTHERS said that some of them had not a very pleasant recollection of the Apothecaries' Society, to whose influence it was due that medical practitioners in England were in some respects behind those in Scotland, none of whom kept shops. It was considered in Scotland that the practice of charging by drugs was a degrading system, combining, as it did, a trade and a profession. Of course, it was desirable to unite all the corporations if possible, but there were no doubt difficulties in the way.

Mr. MARSHALL stated, in answer to a question by Mr. Macnamara, that a person holding the licence of the Society of Apothecaries would, under the proposed scheme, be in exactly the same position as before in going to the College of Surgeons for examination.

Dr. CHAMBERS, in reply, said that he could not accept the suggestion made by Mr. Simon.

The amendment was then put, and rejected by fourteen votes against four.

Dr. LYON proposed another amendment: "That the scheme of the two Colleges be referred back to them with a view to taking into consideration a scheme including the Apothecaries' Society of London." He said an impression seemed to prevail that the Legislature was not likely again soon to step in to interfere with the work of the Council, but he did not himself share in that opinion. The subject was one offering great attractions to the Legislature, and he did not think that the next session would be very far advanced before a note would be sounded announcing the advent of a new Medical Bill. It was certainly "within measurable distance."

Dr. HAUGHTON said that the two Colleges had no doubt looked at the matter on all sides, and he considered it was a waste of time to discuss the matter further. He thought that a triple scheme would be best, but still an enormous advantage would be gained by the public and the profession by the union of the two great medical bodies of England. He therefore gave the scheme his hearty support, hoping that hereafter some wise proposals would be made and accepted for the admission of the Society of Apothecaries.

The amendment was put, and rejected by sixteen votes against four.

Mr. BRADFORD moved another amendment: "That after the last word of the original motion the following be added—'on the understanding that the two Colleges shall not be at liberty to refuse the further co-operation of any other of the English licensing bodies if offered on terms which this Council deems proper.'"

Sir HENRY PITMAN, in opposing the amendment, said he objected to any conditions being attached to the sanction of the Council to the proposed scheme. There was apparently an attempt on the part of certain members to crush or prevent any laudable desire or effort by the two great corporations of the kingdom to carry out what the Council had been for years encouraging them to attempt. For many years the Council had been recommending that certain steps should be taken, but their recommendations had been disregarded, and now certain members of the Council were very sensitive when two Colleges simply asked the sanction of the Council to put into practice what had long since been approved in principle.

Dr. QUAIN protested against any imputations being cast upon the members of the Council. (Cries of "Vote, vote.")

The PRESIDENT then, in the midst of some confusion—several members rising to speak—put the amendment, which was rejected by fourteen votes against six.

The original motion was then put and carried.

The Council then adjourned.

FRIDAY, OCT. 10TH.

SIR HENRY ACLAND, PRESIDENT, IN THE CHAIR.

The first business was the consideration of the Report by the Pharmacopœia Committee.

Sir HENRY PITMAN moved that the Report be received, and entered on the minutes and adopted.

Dr. QUAIN seconded the motion.

The Pharmacopœia Committee beg leave to report that they have held a meeting since the last session of the General Medical Council in March, and that the subcommittee also met on May 13th, 1884. At the meeting of the Pharmacopœia Committee, held on June 20th, 1884, a summary of suggestions, received in reply to the memorandum sent by their direction to the several medical and other bodies and individuals, as stated in the last report of the committee, presented to the General Medical Council on March 27th, 1874 (see Minutes, vol. xxi., p. 54), was fully considered, with the assistance of the editors, Professors Redwood, Bentley, and Attfield. Directions were then given to the editors to expedite as much as possible the preparation of the Pharmacopœia. The chairman reported to the committee, at their meeting held this day (Oct. 8th), that the Registrar had informed him that the present edition of the Pharmacopœia was exhausted.

Professor Redwood, who was present, informed the committee that considerable progress had been made with the new edition, especially with regard to new substances and their preparations, the introduction of which the committee had sanctioned, but in reference to which much work yet remained to be done. He, however, assured the committee, on behalf of himself and his colleagues, that the utmost expedition should be used in the preparation of the work.

The committee report that, in a letter addressed to their chairman, Mr. Macnamara had tendered his resignation as a member of the committee.

RICHARD QUAIN, M.D., Chairman.

Oct. 8th, 1884.

Mr. MACNAMARA, in explanation of the letter which he had sent tendering his resignation as a member of the com-

mittee, said that when the committee met in June last it sat from two till six. He, as well as Dr. A. Smith and Mr. Collins, then left, and he was under the impression that they would meet again the next day to consider certain matters which he wished to bring before them, including the question of chemical notation. But when he arrived the next day he was told that during his absence the previous evening the committee had finished all the remaining business in ten minutes. He considered that he had not been treated with the courtesy due to the Professor of Materia Medica in the Royal College of Surgeons in Ireland, and he therefore sent in his resignation.

Dr. QUAIN said that at the last meeting of the Council he stated that it would be most desirable for the Pharmacopœia Committee to meet in June, and in answer to a question by Dr. Storrar he expressed his opinion that the cost would be about £70 or £80. He forgot at the moment that there were more representatives on the Pharmacopœia Committee than on the Executive Committee, and, when he found that the expenses exceeded the sum he had mentioned by about £40, he considered that they could not continue their sittings from day to day without the sanction of the Council. At six o'clock there was sufficient matter left on the programme to occupy about ten minutes. Mr. Macnamara said he would not sit a moment beyond six o'clock, and after discussing the question for about five minutes he went away. A quorum was still left, and they finished the work that had to be done. Mr. Macnamara had told them that he had something to say in reference to nitrate of copper, and out of respect to him they met again next day, though in somewhat an informal way.

Dr. A. SMITH said he took the same view as Mr. Macnamara, and although he received no notice he attended the next day, and he considered that he was entitled to be paid for it.

Mr. COLLINS said that there had evidently been a misunderstanding, but he wished to state that the Irish members of the committee were treated with the greatest courtesy by the chairman, Dr. Quain. When he was informed that there were no funds to pay for a second day's meeting, because the expenditure had already been exceeded, he at once considered that that was a sufficient reason for not having another day's payment sitting. Not expecting that the meeting would last after six o'clock he had made an appointment, and he asked Dr. Quain's permission to retire, adding that he would be quite satisfied with any arrangement that the other members of the committee might make, and that he would come again the next day, and hear what Mr. Macnamara had to say.

Sir Henry Pitman's motion was then carried.

The PRESIDENT trusted that after the explanation that had been given the Council would continue to have the assistance of Mr. Macnamara on the committee. From his own personal knowledge he could state that the Chairman of the Pharmacopœia Committee, who had served the Council with great energy for many years, did his utmost on the occasion referred to to smooth over the difficulty.

Mr. MACNAMARA then withdrew his resignation, and the last paragraph of the report was ordered to be struck out.

Dr. HUMPHRY moved: "That in the opinion of this Council no person should be granted a degree, diploma, or licence to practise, registrable under the Medical Act, unless he has proved his competency in medicine, surgery, and midwifery by passing examinations in those subjects at one or more of the licensing bodies." He said he brought forward this resolution because at the present time he was of opinion the Council should go forward with more energy than they had hitherto shown, and take more definite steps to carry out to the best of their ability the powers conferred upon them by the Medical Act. It had long been one of the recommendations of the Council to the various bodies that no persons should be admitted to the Register who had not passed examinations in medicine, surgery, and midwifery, and that very point had been most prominently brought forward by the Legislature in every Bill for many years past. It therefore appeared to him that that was a matter which the Council should now take up, and upon which they should to the utmost of their power insist. He thought the best mode of doing that would be to send the recommendations again in a definite form to the several licensing bodies, because there were at present on the Register, and others were still getting upon it, persons who had not passed examinations in those three subjects. It was perfectly within the abilities of the Council and the bodies themselves to carry out recommendations without any further legislation, for the Act of 1858 gave the Council the power to appeal to the Privy Council against any licensing body which did not carry out their recommendations. His proposal simply was that the recommendation should be again sent to the bodies, who should be left for the present to carry it out.

Dr. HAUGHTON seconded the motion. He heartily concurred in it so far as it went, but he did not think it went far enough. He was so much afraid that the recommendation would not be carried out that he thought the Council must go further and cut the cancer out by legislation. A man who was most imperfectly qualified to practise but who had passed an examination in one branch of the profession could compel the registrar to put his name down on the Register on production of his licence, and then he could practise every branch of the profession. He had known cases where students in a hospital, finding surgery more attractive than medicine, never entered the fever wards, and therefore would be incompetent to treat a fever patient. For fifteen years he had been in all the parliamentary agitations relating to medical matters, and no member of the Council knew more about "lobbying" in the House of Commons than he did, and he was continually being asked the question by members of Parliament, "Why do you not guarantee that if a man is placed on the Register he is competent to go to any case which is a question of life and death?" Unless that was made compulsory by legislation, he thought some of the licensing bodies would not carry out the recommendation. Though the Council had had the power to compel the bodies to carry out the recommendation, they had never had the moral courage to exercise it. He therefore thought that, however frightened they might be at threatened legislation, something more should be done than merely to pass Dr. Humphry's motion.

Dr. BANKS cordially approved of the motion, for he had long entertained an opinion that a competent knowledge of midwifery ought to be compulsory. So strongly did he feel on the matter, that when he was one of those who had to formulate a programme for the examinations in the Royal University of Ireland, he carried a motion in the face of much opposition to the effect that candidates for the degree in medicine should produce evidence of six months' practice in midwifery. There was no subject upon which so much ignorance prevailed among students.

Dr. STORRAR said he heartily supported the motion, but there was a difficulty connected with it in reference to the position of the Society of Apothecaries of London and the Apothecaries' Hall of Ireland. They had no power by their charters to examine in surgery, and if a man went to the Society of Apothecaries and asked to be examined for a licence as an apothecary he did not see how he could be refused. If he obtained the licence he could demand to be registered. There were only two ways of getting over this difficulty: either the Apothecaries' Society must dwindle down into a condition of absolute effeteness with no candidates presenting themselves for examination, or it must be united with the College of Physicians and the College of Surgeons.

Dr. STRUTHERS said in Scotland astonishment had been expressed that the recommendation had not been enforced. That anyone should be registered who had not been examined in all the three branches was intolerable. The motion was far too mild, and he would propose that the Council should intimate to the licensing bodies that if the recommendation were not carried out an appeal would be made to the Privy Council.

Mr. SIMON said the appeal to the Privy Council could only be made when the Council thought proper examinations were not held for the qualification required by the Act, but the Legislature at the time of the passing of the Act recognised half qualifications as sufficient, and as long as the examination was enough for half qualification, it was not a case for the Council to appeal to the Privy Council. He strongly agreed with the spirit of Dr. Humphry's motion, but there were some difficulties in the way. The Apothecaries' Society would have to appoint a surgical examiner, and he (Mr. Simon) had looked at their Act, and did not see any reason there why they should not do so. It was true that the Council had no power to say that a man should not be registered as an apothecary, but they might say that they did not think it right that a man should be registered without having been examined in surgery, and then it became a question with the Society of Apothecaries whether they could appoint a surgical examiner. If a question were

raised in a court of law between the College of Surgeons and the Society of Apothecaries as to the right of the latter to do this, it certainly would be a very strong reply to contend that medicine included surgery, and that as the Society of Apothecaries examined in medicine it was entitled to examine in the humbler branch of the healing art. An equally strong reply would be that its examination would be incomplete as giving a professional qualification unless surgery was included.

Mr. TEALE thought that if the Council would make it impossible for any man to get on the Register unless he had been fully examined in all three subjects, a very important and useful step would be taken. In Scotland the question had already been settled by the union of the three corporations and the previous action of the universities. It was secured in a great measure in England by the union of the College of Physicians and the College of Surgeons which the Council had sanctioned yesterday, and the only point of difficulty in England related to the Apothecaries' Society; but it was for that Society to find a way out of the difficulty. They might appoint surgical examiners, or they might arrange to keep their licence in suspense over those who passed their examination until they acquired a surgical qualification elsewhere.

Dr. A. SMITH thought that the only way in which the object of the Council could be attained would be to ask the Government to pass a Bill of one clause to the effect of their recommendation.

The Council consented to Dr. Humphry's making the following addition to his resolution: "That this resolution be communicated to the several licensing bodies, with an expression of the hope of the Council that each licensing body will use its best endeavours to give effect to it."

Mr. COLLINS said that for a great many years the Apothecaries' Hall of Ireland had made it obligatory upon their candidates to present certificates of having attended at least twenty cases in midwifery. With respect to surgery, the opinion of the late Baron Piggott was that one of the clauses of the Apothecaries' Hall gave a good deal of latitude with regard to the examinations, and when the Council's recommendations arrived the Apothecaries' Hall acted upon that opinion as far as they thought reasonable or possible. On the board of examiners there were now one gentleman who was a Fellow of the Royal College of Surgeons of Ireland, and another who was for a long time a demonstrator in one of the schools of anatomy. These gentlemen had been authorised to examine the candidates to a very great extent in surgery in accordance with the recommendation of the Medical Council. In Ireland a man could not get a position on the Poor-law Board unless he produced certificates of qualification in medicine and surgery, and that was a sufficient safeguard for the general public. There were also upwards of a thousand dispensaries in Ireland, and no practitioner could obtain the appointment to one of them without producing the double licence in medicine and surgery. The whole question showed the importance of forming a tripartite board. At the Apothecaries' Hall there were not the appliances nor the means to examine a man in the higher branches of surgery. According to the recommendation of the Council, at present each licensing body would be turned into a medical university, a thing which was never intended by their various Acts of Parliament.

Dr. LYONS thought it was neither desirable nor practicable to compel every man entering the profession to qualify himself in every conceivable branch of medical education. The Council was now departing from the ancient traditions of the profession, which recognised the cultivation of certain departments by particular individuals, and was running counter to the modern feeling in favour of division of labour. Out of the 22,000 practitioners in the kingdom, there might be 4000 or 5000 who never had any intention of practising midwifery, and he did not think it wise to compel such men to stop in their career and learn a branch of their profession which was distasteful to them, especially when after acquiring the qualification they would never make any use of it. If it was the intention of a candidate to practise midwifery, he should be compelled to obtain a qualification in it, and it might be made penal for any man to attempt to practise midwifery who did not possess a licence in it. That would answer all the requirements of safety on the part of the public, and at the same time relieve those who did not intend to practise it from the labour of obtaining a qualification in it. There were other subjects besides midwifery on which the public mind had been seriously occupied, such as ophthalmic surgery for those who entered the army, and an adequate knowledge of lunacy. He thought that the Council was travelling too fast, and if they intended to legislate in the direction of midwifery they would have to legislate also on the subject of lunacy, and enforce on all who entered the profession a competent knowledge of that subject. He would therefore move as an amendment: "That this Council is prepared to consider a recommendation to Government that the possession of a licence to practise midwifery be rigidly enforced by statute on those persons who enter on the practice of midwifery, and that it be made penal to practise midwifery without such licence, duly obtained after special education and examination."

Mr. COLLINS said he would second the amendment in order to beget a discussion on it.

Mr. MACNAMARA impressed upon the Council the necessity of caution with regard to the exercise of their power of going to the Privy Council.

Dr. MATTHEWS DUNCAN supported the motion. He did not think it desirable to refer back to what was done in 1869, because that would imply a degree of continuity in the history of the Council which the Council did not possess. He approved of the recommendation being renewed at the present time because the Council now had a feeling of responsibility which it did not have in 1869 or 1880.

Dr. BANKS said he could sympathise with Dr. Lyons' remarks as to the necessity of medical men possessing a competent knowledge of lunacy, for in some cases it might be a question of life or death, and a practitioner might have to decide whether the accused person was of sound or unsound mind.

The motion was then put and negatived.

Dr. HUMPHRY briefly replied, and the original motion was then put and carried, only one hand being held up against it.

The following communication was read from the Royal College of Surgeons of England:—

Royal College of Surgeons of England,
Lincoln's-inn-fields, W.C., Aug. 8th, 1884.

SIR,—In pursuance of the requirements of Section 28th of the Medical Act of 1858, I am directed to acquaint you, for the information of the General Medical Council, that the attention of the Council of the College having been directed to the unprofessional advertisements and publications issued by Mr. George Washington Evans, a member of the College, now resident at 41, Cambridge-street, Hyde-park-square, and the Council having duly considered the case, as coming within Clause 2, Section XVII. of the Bye-laws of the College, the following resolution was adopted by them on the 10th ult., and confirmed on the 8th inst.:—

"That in the opinion of the Council the advertisements and publications issued by Mr. George Washington Evans are, in the terms of Clause 2, Section XVII. of the Bye-laws, 'prejudicial to the interest' and 'derogatory to the honour of the College,' and 'disgraceful to the profession of surgery,' and that, in consequence of the issue thereof by him, he be removed from being a member of the College."

I am, Sir, your obedient servant.

W. J. C. Miller, Esq. EDWARD TRIMMER, Secretary.

On the motion of Mr. MARSHALL, seconded by Dr. HUMPHRY, it was agreed, "That the Registrar be directed to remove from the Medical Register the qualification of Member of the Royal College of Surgeons of England, 1865, formerly held by Mr. George Washington Evans."

The REGISTRAR then read the following communication from the Royal College of Surgeons of Edinburgh:—

Royal College of Surgeons of Edinburgh, May 19th, 1884.

DEAR SIR,—I enclose a certified excerpt from the minutes of meeting of this College held on the 16th inst., and in accordance therewith the name of Mr. Thomas Robert Horton has been erased from the list of Licentiates of the College. Yours truly,

W. J. C. Miller, Esq., Registrar of General Medical Council. JAMES ROBERTSON.

"The Royal College of Surgeons, Edinburgh, May 16th, 1884.

"Excerpt from Minutes of Meeting of the Royal College of Surgeons of Edinburgh, held on May 16th, 1884.

"There were then submitted to the meeting the whole documents and correspondence relating to the case of Mr. Thomas Robert Horton, adjourned from the meeting of Dec. 15th, 1883, and the officer having called the name of Thomas Robert Horton at the outer door, and reported that he was not present, the President moved that the College, having resumed consideration of the case of the said Thomas Robert Horton, specified on the billet, together with the certified extract of the verdict of the jury, and sentence, under the hand of H. B. Taylor, Clerk of Arraigns of the Supreme Court of South Australia, and citation of Mr. Horton of May 16th, 1883, along with the letters to Mr. Robertson from Mr. Horton's agent, Mr. Henry C. H. Ayliffe, Solicitor, 85, King William-street, Adelaide, and from himself dated February 15th and March 24th last, and the statements and whole documents transmitted, or referred to in these letters, find it established that the said Thomas Robert Horton was convicted of conspiracy to defraud, and that no sufficient reasons have been adduced by him why the College should not in consequence recall his diploma of Licentiate, dated April 11th, 1879; therefore the College hereby recall the said Diploma, and declare the same to be void, and direct that certified excerpts from this minute, containing this resolution, be transmitted by Mr. Robertson to Mr. Horton,

to the Registrar of the General Medical Council, and to the Secretary of the South Australian Branch of the British Medical Association, which was seconded by Dr. Patrick Heron Watson, and unanimously agreed to.
"Certified by James Robertson, Clerk." "JOSEPH BELL, Secretary."

On the motion of Dr. HERON WATSON, seconded by Dr. HALDANE, it was agreed, "That the Registrar be directed to remove from the Medical Register the qualification of Licentiate of the Royal College of Surgeons of Edinburgh, 1879, formerly held by Mr. Thomas Robert Horton."

The following communication from the Branch Council was then read, and ordered to be entered on the minutes:—

Branch Medical Council (Ireland),
35, Dawson-street, Dublin, Oct. 3rd, 1884.

DEAR SIR,—In compliance with a resolution passed by the Branch Medical Council for Ireland on the 20th ult., I herewith enclose, for the information of the General Medical Council at their next meeting, copies of the Minutes of this Branch Council for Oct. 15th, 1883, and Sept. 26th, 1884, in which are contained the original resolutions of the Branch Council for Ireland relative to enforcing due attendance on hospital practice by students, and the replies thereto of the Irish medical authorities. Yours faithfully,
R. W. HEARD, Registrar.

W. J. C. Miller, Esq., Registrar of the General Medical Council.

The Council then adjourned.

SATURDAY, OCT. 11TH.

SIR H. ACLAND, PRESIDENT, IN THE CHAIR.

Sir HENRY PITMAN moved, "That the Registrar be directed to send annually a circular to each of the bodies contained in Sections I., II., III. of the list of examining bodies whose examinations for intending medical students fulfil the conditions of the Medical Council as regards preliminary education, for information on the following points, with respect to their examinations recognised by the Council:—(*a*) Highest percentage of marks attained by any candidate; (*b*) lowest percentage of marks obtained by any candidate who passed; (*c*) total number of candidates who passed, and of those who did not pass, at the examination referred to; (*d*) copies of the examination papers set." The list of bodies, he said, was a long one, but he scarcely thought that any of them should be excepted. In regard to professional examination, the Council asked for returns from all alike, and received each year a statement of the number of candidates that passed, the number rejected, and the total number examined at each examination. He now asked for similar returns from the bodies whose examinations in general education were recognised by the Council. The reason for the request would be apparent from the report made to the Council by the College of Preceptors which conducted an examination at which a large number of medical students presented themselves. From that return it appeared that at the examination for the half year ending in March last the number of rejections was three out of four, showing that there was considerable strictness (he did not say too much) in that examination. Whether other bodies were equally strict they could not of course judge, their testamur being accepted without any evidence as to whether it was founded upon sufficient knowledge or not. The candidates rejected at the College of Preceptors might find some other body less strict, and present themselves at their examinations. It was therefore the duty of the Council to exercise some supervision over the preliminary examination as conducted by other bodies. At any rate, the returns which he asked the Council to sanction would afford them a good deal of useful information and place them in a position to deal with the subject at some future time.

Dr. HAUGHTON, in seconding the resolution, said it was of very little consequence to know how many candidates passed or were rejected at any particular examination, which was what mathematicians called "a function of many variables." The thing to be ascertained was the preparedness and intelligence of the candidates and teachers.

Dr. A. SMITH supported the motion. The information sought would be very valuable, and it would be still more so if they had a return of the subjects in which candidates continually failed. The highest percentage of marks was of very little importance.

Sir H. PITMAN thought that the addition suggested by Dr. A. Smith would give unnecessary trouble and complicate the returns.

Dr. HAUGHTON thought that the additional returns suggested would often be illusory, especially at the universities like his own, where examinations were held for purposes outside the objects of the Council, with a view of ascertaining whether the candidates had a sufficient knowledge of Greek and Latin, elementary English and mathematics, to continue a four years' course in Arts.

Mr. MACNAMARA said it would be inconvenient if it appeared that a university examination did not contain all the subjects required by the Council.

Dr. HAUGHTON said that his university examination contained all the subjects, and more. Mechanics, however, was not one of the subjects at the entrance examination, but was taken a year afterwards.

Mr. MACNAMARA sympathised with the desire of Dr. A. Smith to know the subjects in which candidates failed or were weak. Such information could be easily given in the returns of the College of Surgeons of Ireland, a record of such subjects being always kept.

After some further discussion on the precise wording of the resolution, and the desirability of the results of the examinations being uniformly stated, the motion was put and agreed to.

On the motion of Mr. PETTIGREW, seconded by Dr. HERON WATSON, it was resolved, "That the several examining bodies be requested to give the results of their examinations in question (written or oral) by means of percentages.

Dr. STORRAR moved, "That the words 'Executive Committee,' in line 8, clause 6, of chapter 13 of the Standing Orders, be inserted instead of the words 'Branch Council,' to which such applications may be made.'" He explained that the resolution referred to applications made for the registration of persons who had held appointments as surgeon or assistant-surgeon in the army, navy, or East India Service, or had acted as surgeon in the public service or in the service of any charitable institution on or before Oct. 1st, 1828. Such applications, he said, were now made to the Executive Committee, the Executive Committee referred them to the Branch Council, and the Branch Council referred them back to the Executive Committee. His proposal was that they should be dealt with at once by the Branch Councils, instead of by the present circuitous method, in order to save both time and expense.

Dr. STRUTHERS seconded the motion, which, after a brief discussion, was agreed to.

Dr. HUMPHRY moved, "That with a view of giving greater efficiency and continuity to the visitation of examinations, four persons in England, two in Scotland, and two in Ireland be appointed to visit examinations of the licensing bodies during the year." He said he had had experience both as a visitor appointed by the Council and also as an examiner at Cambridge and at the College of Surgeons, London, and had been one of those concerned in modifying the examinations at both those places, and he was of opinion that the power which the Council possessed of visiting examinations was one of the most effective and beneficial powers which it possessed. The result obtained by it was not only to be seen in connexion with the resolutions passed by the Council when the reports of the visitors were considered, but in the influence of the visitors upon the examiners with whom they had conferred, in the communications of the visitors with one another, and, last but not least, in the communications which the visitors had made to their own bodies on their return. By these various means a quiet but most important influence had been going on affecting almost all the examinations in the United Kingdom, but the licensing bodies had no doubt often been quite unconscious of the manner in which the influence had been exerted. Such quiet influence was the very best that the Council could bring to bear upon the licensing bodies, though it produced very little credit to the Council. His desire now was that it should be of a more efficient kind, and that it should be regular and systematic. Of course the bodies were informed that it was going to take place, and that afforded them the opportunity of preparing for it. It also led to a certain amount of nervousness and disturbance in the particular bodies as well as in the candidates. As an examiner he found that very slight things disturbed the candidates. He did not recommend that the reports of visitors should be so long as they had formerly been. If the visitations went on continuously the reports would be shorter, and it would become the regular work of the Council to receive information with respect to them. If his suggestion were carried out the visitors would know not only what was the exceptional manner of the examinations, but also what was regularly going on. It would not be necessary to incur any very great expense in carrying out the proposed plan, but that

would depend upon the arrangements made by the Executive Committee.

Dr. QUAIN seconded the motion, and said he thought that the question of expense ought not to be considered by the Council. They ought not to be accumulating money that should be appropriated to present purposes.

Dr. STRUTHERS supported the motion, and expressed an opinion that the visitors should, as far as possible, be experts in the subjects on which the candidates were examined, otherwise their reports would be of little value. A report from himself, for example, on an examination in midwifery or botany would be of little or no value to the Council, but if the subject was anatomy he should know whether it was a difficult examination or not. He thought that members of the Council had a right to be present at examinations, and it would be a good thing if they would occasionally "drop in" in a quiet way to see how they were being conducted. The Branch Councils also had the power of visitation if they chose to exercise it. Visitors, he thought, should be appointed to every examination. It was impossible that the same set of visitors could visit all.

Dr. PETTIGREW also thought that visitations, to be effectual, should be conducted by experts. This was not the case on the last occasion, and the report of the visitors, admirable as it was, had in consequence given rise to some criticism. If the visitations were more frequent and regular the examiners and the examined would be accustomed to them, and there would be no such inconvenience as sometimes arose from their occurrence.

Dr. HAUGHTON thought that the visitations should be confined to the final examinations.

Dr. QUAIN considered that the number of visitors should be left open, but that there should be a sufficient number appointed to visit the examinations during the year, the special arrangements being left with the Executive Committee.

Mr. SIMON thought it would be better to resolve, "That the Council resume its visitation of examinations, and instruct the Executive Committee to conduct the visitations continuously from year to year."

Sir H. PITMAN said that there was already a standing order to the effect that the visitations should be continued systematically.

Dr. BANKS supported the motion, and said that the visitations had been of inestimable value, and had had the effect of raising the character of the examinations. If the Council was fortunate enough to secure such men as were appointed on the last occasion, a great benefit would accrue to the profession.

Dr. HERON WATSON also bore testimony to the good effect produced by the visitations. The Council had hitherto made too little use of a most valuable instrument placed in its hands by Parliament. It would be a great advantage to have the examinations conducted continuously, so that the visitors might have the opportunity of correcting first impressions when necessary. During the last visitation at Edinburgh the visitors could only spend a few hours there, and therefore had no opportunity of knowing the general character of the examination as conducted from day to day during a period of three weeks.

The PRESIDENT desired to emphasise the remark of Dr. Struthers as to the power possessed by individual members of the Council to visit examinations, whether specially deputed or not. Since he had been President he had seriously asked himself whether they ought not to use that power—not in a critical, unfriendly way, but for the purpose of informing themselves of what was going on. He had himself gone to one of the chief examining bodies and asked permission to attend, and he had been received in the most kind and courteous manner, and every information was afforded him, all the more readily perhaps because the visit was not an official one. If they desired they could in that way inform themselves as to any examination going on in the country. They also had the power of deputing other persons than themselves to perform that duty officially.

Dr. HAUGHTON said he had afforded every facility to the visitors at Trinity College, Dublin, but he had been instructed not to part with the custody of the papers, and not to allow any interference with the examination.

Mr. TEALE said that the partial character of the visitation at Edinburgh was owing to the difficulty of fitting in the various visitations, and to the large number of examiners among whom the examinations were distributed. The whole visitation was made under peculiar circumstances, the visitors having been asked to do what had never before been attempted, to visit all the examinations, which necessarily involved an immense amount of work. He did not suppose that such an attempt would be made again. The value of the report was that it contained a comparative statement of the methods employed. The visitations were commenced with the idea that some of the bodies were considerably below the mark in their examinations, and also with the idea of spurring them on and of finding out defects. They had now got much beyond that stage and entering on a new development. The visitors should be selected, not to take, as before, a general view, but to act as experts in the various subjects of examination. They should, he thought, as a rule, be younger men, busily engaged in teaching, and knowing the work of all the schools, so that they could keep the Council in touch with modern education in its various aspects, and enable it with advantage to revise its general curriculum.

Dr. STRUTHERS suggested that the number of examiners should not be less than four for the primary and not less than six for the final examination.

Dr. LYONS, in supporting the principle of the motion, said that the Council had been a little tardy in discharging the obligation imposed upon it; and it would be guilty of a dereliction of duty if it did not, even at so late a period, initiate a satisfactory system of visitations.

The motion was then put and agreed to.

A communication was received from certain dentists at Nottingham with reference to an alleged improper assumption of the name of "Eskell" by a practitioner in that town, an assistant of Messrs. Clifford of London, who, it was suggested, had been guilty of professional misconduct, and were liable to have their names erased from the Medical Register. The Council resolved that it saw no reason for taking any action in the matter.

A communication was received from the Preston Medico-Ethical Society requesting the Council to obtain a parliamentary enactment rendering penal all advertisements offering medical and surgical advice by unqualified persons. The communication was ordered to be entered on the minutes.

A communication was received from the Irish Branch Council expressing its opinion that the General Medical Council "ought at its forthcoming meeting to lay down the general principles upon which an amendment of the Medical Act of 1858 should be constructed."

The Council then adjourned.

MONDAY, OCT. 13TH.

SIR HENRY ACLAND, PRESIDENT, IN THE CHAIR.

Mr. SIMON moved: "That the Council will, at its next ordinary session, reconsider the 'Recommendations' which it at present has in force ('Recommendations,' Chapters III., IV., V.) on the subject of the age for licence for practice, and of professional education and examination; and that, with a view to such reconsideration, the Council now request the three Branch Councils respectively to enter upon a review of the present 'Recommendations,' each Branch Council conferring, so far as it may find desirable, with the several licensing authorities of its division; and that the Branch Councils be requested to communicate to the President, not later than the last day of January next, any suggestions which they respectively may have to make for amendment of the present 'Recommendations.'" He said he proposed the resolution almost as a matter of routine, and not with any prejudice in a revolutionary, or even a mutational sense. A good many years had passed since the last revision of the Recommendations, and it seemed to him essential that the Council should look over them again with such new lights as had been obtained in the interval. There were several points in connexion with the Recommendations about which his opinions were unsettled, and he would be reluctant to form a new opinion without consultation with others, and especially without taking the advice of the local authorities in the different divisions of the kingdom. His proposal was that next session the Council should go into the matter of professional examination systematically. He believed there was a pretty general consensus of opinion against raising the age, but there was a much less decided opinion on the subject of whether or not the curriculum should be extended. As preparatory to the discussion on the matter, it would be well that the Branch Councils should confer with the licensing

authorities, and therefore he did not consider that his motion went beyond the necessities of the case.

Dr. BANKS seconded the motion, and said that it covered in a far better way the ground of the resolution which he himself had previously brought forward. His own motion was fragmentary and partial, Mr. Simon's was comprehensive and complete. It was chiefly with a view to the extension of the curriculum that he introduced the subject of the age for licence to practise, and he thought it quite right that the opinions of the Branch Councils and the authorities should be obtained with regard to the matter.

Mr. MARSHALL was in favour of the motion, because it did not bind the Council to any particular line.

Dr. STRUTHERS supported the motion. He would very much like to see the Branch Councils have something to do. A great deal had recently been said about divisional boards, but the Branch Councils would be divisional boards if they only had something to do, and clause 6 of the Act of 1858 enabled the Council to delegate to the Branch Councils everything except representations to the Privy Council. Medical education varied in the three divisions of the kingdom, and there was no reason why all medical men should be passed through the same mould. The only part of the resolution about which he had any doubt was the date by which the suggestions must be sent to the President. He considered that February or March would be quite early enough.

Dr. LYONS drew attention to the last words of Clause 6 of the Act of 1858, which said, "The President shall be a member of all the Branch Councils." He thought that the exercise of the power there given would be attended with very important results. It would give new life and great interest to the meetings of the Branch Councils if the President attended them. Ireland was not favoured with the shadow of great persons, and he hoped that in future the President would not be such an absentee from the meetings of the Irish Branch Council as he had been in the past.

Dr. HALDANE, while concurring in the motion, suggested that it would have more effect if the request were made direct to the licensing bodies instead of leaving it to the Branch Councils.

Mr. TEALE considered the motion was an extremely important one, as it would institute between the three Branch Councils and the General Council a much more intimate consultation than had previously existed. The present was a very important epoch in reference to the revision of the curriculum and the Recommendations. Assuming that the time for medical education was years ago just enough for the subjects that had to be taught, it was clear that for the present extended curriculum longer time was required, and if the subjects were added to materially without extending the time harm must be done somewhere.

Dr. PETTIGREW also supported the motion, considering that the time had come when it was absolutely necessary to reconsider the age for licence to practise. He wished especially to press upon the Council the necessity of allowing the Branch Councils to do a proper share of the work. Everything that could be done by the Branch Councils should be done by them. In each division of the kingdom there were peculiarities of education, and the Branch Councils were specially fitted for dealing with them.

Sir HENRY PITMAN did not desire to offer any opposition to the motion, but it appeared to him to be somewhat imperfect. He would have preferred to see the entire Recommendations, embracing the preliminary as well as the professional examinations, included. The resolution proposed "that the Branch Councils be requested to communicate with the President." No doubt common sense would say that the President would deal with them in any way he though t proper, but it would be better to add words giving power to the Executive Committee to deal with them, and it possible to consolidate them. If similar suggestions, varying perhaps in form, were received from two or more Branch Councils, the Executive Committee might frame them so that they might be brought before the Council in a form in which they could be readily dealt with.

Mr. SIMON said he was very much gratified at the kind manner in which his suggestion had been received. His feelings were entirely in sympathy with what had been said by Dr. Struthers and Dr. Pettigrew as to the desirability of giving greater occupation and a larger sphere of activity to the Branch Councils, and to look upon them, in fact, as divisional boards. A little timidity might be felt lest, if the Scottish Branch Council had too much power, it would excommunicate some of those who lived further south, but within reasonable limits it was desirable to develop the Branch Councils in relation to the General Council and to the licensing authorities. He approved of Dr. Haldane's suggestion, and perhaps words might be added to the resolution to the effect that a copy of the resolution be forwarded to each of the licensing bodies with a request that they would communicate with the Branch Council. Dr. Struthers' suggestion that the date should be February instead of January paid too high a compliment to the Executive Committee at the expense of the Branch Councils.

The PRESIDENT said he had very little doubt that if the motion were carried it would prove to be one of the most important acts that had ever taken place since the formation of the Council. It would carry out the spirit of one of the most important recommendations of the Royal Commission which was introduced into the last Bill—namely, that a portion of the work of the Council should be done by the Branch Councils. Though this might appear to outsiders to be a retrograde step, it really was not so. When the Council first met, what was necessary was that the divers bodies representing different opinions and interests should unite together, but experience had shown that the difficulties of the Council were enormously increased, and that what was often called a waste of time was one of the necessities of the position. What was absolutely wanted for the work of the Council was some arrangement of procedure by which the views of the different bodies and the different nationalities might be brought forward in a state of preparation so that the endless details which arose when matters were brought before them in a crude condition might be avoided. He felt that the whole question of medical education in the near future turned upon some such change in procedure as was now proposed. Before sitting down he wished to thank his Irish friends for the manner in which they had invited him to cross the Channel, but upon that subject he had a revelation to make. Shortly after he became President, being in Scotland, he was invited to attend and preside at a Branch Council's meeting there, and he did so with great satisfaction to himself. He had never refused a similar invitation to Ireland. He had on three or four occasions gone to Ireland with the express hope that he might receive it, but he had not been invited, and he was afraid that if he had himself proposed to attend the Branch Council, it might have an injurious effect, and might not be acceptable. If he could do any good by attending any special meeting of a Branch Council he would consider it his duty to go, and nothing would prevent him accepting the invitation except a feeling that he was not representing the Council for that particular purpose, or that he was not worthy of the confidence of the Council, and in that case he should resign his functions.

The resolution was put to the Council and carried, as was also a motion to the effect that a copy of the resolution should be forwarded to each of the licensing authorities.

Sir HENRY PITMAN moved: "That the Council resolve itself into a committee of the whole Council to enter fully into the consideration of the subject of preliminary education." He said he had felt bound to put this motion upon the agenda in consequence of a report which was presented to the last session of the Council, which said: "Should the Bill now before Parliament become law during the present session the consideration of this subject (preliminary examination) will devolve upon another body; should it not do so it will be the duty of the Medical Council to lose no time in entering fully upon it." He understood from that that it was the feeling of the Council that at the earliest opportunity the subject should come before it; but there were other reasons for pressing it, based partly upon the report from the Royal College of Preceptors. That report showed that only four persons passed in mechanics out of 274 candidates who were examined. The Council must not suppose that those 274 candidates were all medical students, because he apprehended that the examination included men intended for other professions. The Council would also remember that an application was made by the School Boards of Cambridge representing that candidates who had passed what was called the lower examination were recognised, while those who passed a higher examination were not. The Council was asked to grant an exemption, so as to make those two examinations at Cambridge equal, but they had not taken the matter into consideration.

Dr. A. SMITH seconded the motion.

Dr. HAUGHTON held that the cause of preliminary education would be better served and more carefully considered

by the Council if it came, like a professional examination, through the Branch Councils. Without sufficient knowledge of the details of the various bodies the Council had yet made general recommendations about preliminary education. Take, for example, Trinity College. There they did not hold a preliminary examination in mechanics and hydrostatics; on the contrary, they required a year's teaching and study of those subjects, and never put them into a preliminary examination. Another year was spent in teaching heat, magnetism, and electricity. The idea of putting these extremely important subjects into a preliminary examination was not in accordance with their practice. He thought the Council had entered too much into small details, and that they should leave a body like that which he represented to teach mechanics and physics in its own way. Why not talk the matter over in the Branch Councils first and then consider it in the Council?

Dr. STRUTHERS was of opinion that it would be better for the Council to make some recommendations on preliminary examinations and then to place the subject in the hands of the Branch Councils.

Mr. MACNAMARA said that if ever there was a subject which the Council ought to discuss it was one which was now before them. If it was shunted, by being referred to Branch Councils, there would be a great difference of opinion in the separate branches as to the amount of preliminary education necessary, and then the matter would have to come back to the Council. Unless some general principle, which would be applicable to the three divisions of the kingdom, was laid down by the Council they would simply be putting off the evil day, for they would have to come to a decision eventually, when the reports came up from the Branch Councils. Let them proceed to the work for which they were summoned and not retreat from a difficulty which they ought boldly to face. He should vote against the suggestion to refer it to the Branch Councils.

Dr. HAUGHTON said he was quite ready to go on if it was the wish of the Council.

The resolution was then agreed to, and the Council thereupon resolved itself into committee.

Dr. HUMPHRY moved—"That, with the view of lessening the area and improving the quality of the preliminary examination, the subjects be as follows:—(*a*) Latin, including translation and grammar, the candidate to have the option of translating a portion from an author previously specified, or easy passages not taken from such author, or both; (*b*) arithmetic, including vulgar and decimal fractions; (*c*) geometry, including the first book of Euclid, with easy questions on the subject-matter of the same; (*d*) elementary mechanics of solids and fluids, meaning thereby mechanics, hydraulics, and pneumatics. The candidate to be required to answer the questions in such a manner as to satisfy the examiners that he has an adequate knowledge of English grammar and orthography." He said that good preliminary education was the corner-stone of their work, while the question of lengthening the curriculum or fixing a period at which a person might become a member of their profession was really of secondary importance compared with the ascertaining whether those who entered it were qualified to commence its study. The proposals he made were four, and he had limited them intentionally to that number in order to diminish the area. It might be said that he had reduced the examinations rather too much, but he would ask the Council to consider that any improvement in quality of a kind which he suggested was equivalent to a considerable diminution of the area. "Latin" was the first part of the motion, his desire being that that tongue should be one of the subjects, and that care should be taken to ensure that the candidate had, through Latin, acquired a thorough knowledge of language. The student, he thought, should have a specified subject. The old plan requiring translations from passages not previously seen, would, in the opinion of many persons, exclude a large number of those who would prove very good members.

Mr. TEALE seconded the motion.

After some further discussion,

Dr. HAUGHTON moved, "That the requirements of the preliminary examination in regard to the subject of Latin be as follows. Translation from two specified authors, one prose and one verse, and easy passages from another author, at the discretion of the examiner."

Dr. HALDANE seconded the amendment.

A discussion ensued with reference to the precise course to be adopted in further considering the question, and the result was that both the motion and the amendment were withdrawn, on the understanding that Dr. Humphry should be allowed on the following day to substitute another motion.

The Council then adjourned.

TUESDAY, OCT. 14TH.

SIR HENRY ACLAND, PRESIDENT, IN THE CHAIR.

The Council went into committee on the subject of Dr. Humphry's motion with regard to preliminary examination.

Dr. HUMPHRY, by permission, withdrew his motion, and substituted the following:—(*A*) "That the motion in Clause 1 of this programme be withdrawn, and that in place thereof the following be substituted: 'That the subjects now exacted for the preliminary examination, as set forth hereunder, be considered *seriatim*—viz., (1) English language, including grammar and composition; (2) English history; (3) modern geography; (4) Latin, including translation from the original, and grammar; (5) elements of mathematics, comprising (*a*) arithmetic, including vulgar and decimal fractions, (*b*) algebra, including simple equations, (*c*) geometry, including the first two books of Euclid or the subjects thereof; (6) elementary mechanics of solids and fluids, comprising the elements of statics, dynamics, and hydrostatics;[1] (7) one of the following optional subjects—(*a*) Greek, (*b*) French, (*c*) German, (*d*) Italian, (*e*) any other modern language, (*f*) logic, (*g*) botany, (*h*) elementary chemistry.'—(*B*) That the subjects be modified as follows: '(1) That the candidate be required to answer the questions in such a manner as to satisfy the examiners that he has an adequate knowledge of English grammar and orthography; (2) that English history be omitted; (3) that modern geography be omitted; (4) that Latin include translation from selected authors, and translation of easy passages not taken from such authors; (5) that instead of two books of Euclid there be the first book of Euclid, with easy questions on the subject matter of the same; (6) elementary mechanics, to be passed before registration; (7) that these optional subjects be omitted altogether.'" In regard to his proposal with reference to English, he said he thought the method he proposed for testing the candidate's knowledge was much better than that of a special examination. That method was adopted at Oxford and Cambridge, and by the most recently constituted examining boards. If a person could write English correctly he gave the best evidence of his knowledge of the language.

Mr. SIMON seconded the motion with regard to English.

Dr. STORRAR, in opposing the motion, said he knew that many schoolmasters regarded English as in no respect inferior to Latin or Greek as a means of mental discipline. He would suggest that the Council should go over the list of examinations conducted by universities and other bodies, and see whether any, and, if any, which of them should be eliminated and which should be retained, and then proceed to consider what would be done with those candidates who did not present themselves at the examinations that were retained. He should prefer that all the preliminary examinations be conducted by independent bodies like the universities, but the question was what was to be done for the residuum who went elsewhere.

Mr. MACNAMARA contended that English should be maintained in the curriculum. In Ireland English received great attention as a subject of education. If it were shunted by the Council the schools would take the hint, and English would in future be neglected.

Mr. TEALE said the question was not whether the student should be properly educated to write English correctly, but whether English should be the language on which the educational training should be based.

Mr. SIMON said the object to secure was that a candidate should have a good practical young man's knowledge of English, and that, in his opinion, was best tested in the practical way proposed—by seeing, for example, whether the candidate translated his Latin into well-spelled and properly constructed sentences. The Latin examiners might, indeed, be invited to give special attention to that point.

Dr. DUNCAN supported the motion on the ground that it was sufficient to test the student in one language. He had always understood that English was the worst subject to take for a grammatical examination, and that Latin was the best.

Dr. HALDANE, while objecting to a knowledge of English

[1] "This subject may be passed either before registration or before or at the first professional examination."

grammar being made essential, thought that at the same time every student should be tested in his practical knowledge of the language, and that should be done by means of composition and writing from dictation.

Dr. BANKS said that English was lamentably neglected in the schools in the country in which he had the misfortune to live. He considered that such a knowledge of English as every respectably educated person should possess was one of the great essentials for a man commencing the study of medicine.

Dr. HERON WATSON said he should regret exceedingly if Dr. Humphry's resolution was passed by the Council. The object of a preliminary examination was not simply to test the amount of knowledge that an individual had at a given moment on a particular subject—that was only a means to an end; the object they really had in view was to determine whether a young man had really had an opportunity afforded him of having such a liberal education as would fit him for the commencement of his medical education.

Dr. HAUGHTON thought too much importance could not be attached to English. It was the finest language that any man ever spoke; it had the power of expressing any conceivable quantity of ideas and emotions; and in his opinion it would be a shameful thing if the educated classes left its study to School Board scholars.

Sir H. PITMAN was afraid the Council was very likely to fall into an error in this matter. He believed that for years past they had done very well with regard to the matter of English. The purport of the foot-note was to tell the educating bodies the way in which they were to ascertain how a candidate knew the subject on which he was examined. The result was that the Council was dictating to the examining bodies of the great universities of the country, who gave their lives to education, and to that great body to whom they entrusted the conduct of their common examination—the College of Preceptors; they were assuming that those bodies did not know how to conduct an examination in English. Surely, when the Council said that it required a knowledge of English grammar and composition, that was as much as it ought to say, and it should then leave it to the examining bodies to decide how the possession of that knowledge was to be ascertained.

Mr. MACNAMARA said that, while Sir H. Pitman told them they were not to dictate to the examiners, the Council, if it accepted Dr. Humphry's motion, would in fact be dictating in the most absolute way how the examiners were to proceed—namely, not by examination in the English language, but by an examination in other subjects.

Dr. HUMPHRY said his object was that the student should have a better knowledge of English, and he maintained that the mode to obtain that was to give the students a deeper and more careful instruction in one language, that language being Latin.

Dr. QUAIN said if there was to be no examination in English the result would be that English would not be taught.

Dr. STRUTHERS congratulated the Council on the improvement that had resulted in preliminary education owing to its regulations. He said that before the Medical Act existed some of the examining bodies required no preliminary education whatever. He altogether dissented from the idea that the Council had in any way failed in the matter. He drew attention to the preliminary examinations required from students before entering upon medical studies in Germany and France as showing that those countries were a long way in advance of this country. He was surprised to hear what had been said with regard to this examination in English, for if he were tied down to have one subject only and put out all the others he would retain English composition and German.

Mr. MARSHALL thought that it should be left to the educational bodies themselves to settle the controversy that had arisen. The great object to be secured in future was the introduction of a preliminary scientific education between the early one and the strictly professional course. In the present state of things, however, he could not hold up his hand for the exclusion of English as a special subject for examination. The Council would be backsliding in the matter of education if it adopted Dr. Humphry's proposal.

The PRESIDENT, in putting the motion, said that the study of English had of late assumed an entirely different shape, and if he voted he should do so in such a way as to show his desire to do nothing that would disparage the cultivation of the language.

The proposal was then put, and rejected by sixteen votes against seven.

The Council then sat for some time in private, and documents were read in regard to a registered practitioner against whom a complaint had been forwarded by the Branch Council for Scotland. It was, after some discussion, resolved to leave it to the Executive Committee to take such steps as it might, under legal advice, deem proper for bringing the case before the Council at its next meeting.

Strangers having been readmitted,

Sir HENRY PITMAN said it seemed to him to be impossible to deal with the subject of Preliminary Examinations at the present sitting of the Council. He therefore moved, "That the Executive Committee be requested to consider what changes, if any, are required in the present regulations of preliminary education and examinations, and to communicate with the several Branch Councils on the subject, if deemed advisable, and to report to the next session of Council." He thought it would be far better to leave the matter undisturbed until it could be carefully and properly considered. The Executive Committee might meanwhile gather the combined opinions of the Branch Councils, and then bring up a report to the next meeting of the Council.

Dr. AQUILLA SMITH seconded the motion.

Mr. SIMON thought Sir Henry Pitman had put the Council in rather a false position. They had resolved on his motion to go into committee on the details of the Recommendations; they had been discussing it for some hours; their minds were full of the subject; and now they were asked not to proceed further. He (Mr. Simon) would prefer to proceed, and he thought the Council might make some progress in the matter.

Mr. MACNAMARA and Dr. PETTIGREW having expressed similar opinions,

Dr. STORRAR said his own personal feeling was that the Council was somewhat premature in going into this question at all. It was no very distant period since they had the whole of this preliminary examination under their consideration, and now they were setting to work to alter it again. Such a proceeding would unsettle the public mind, and he should advocate letting things remain as they were.

Sir HENRY PITMAN asked permission of the Council to withdraw his motion, and it was accordingly withdrawn.

A petition was then read from Mr. A. A. Sadgrove, asking that his name might be restored to the Register. He stated that he had been deprived of the privilege of practising for more than eighteen months, which meant a loss of £528 according to the position he previously held. He had since been obliged to refuse some very liberal offers, owing to his name not appearing on the Register. He enclosed a testimonial signed by the medical officers of the Paddington Provident Dispensary.

Strangers were then directed to withdraw; and on the motion of Dr. STORRAR, seconded by Dr. HAUGHTON, it was resolved, "That the Council see no ground for restoring the name of Arthur Augustus Sadgrove to the Medical Register."

It was also moved by Dr. FERGUS, seconded by Dr. SCOTT ORR, and resolved: "(*a*) That information be sent to all the licensing bodies that forged diplomas are in existence, and that this Council recommends the various bodies to be careful as to the recognition of foreign diplomas as admitting to final examinations. (*b*) That in all cases of doubt, or when the person presenting such diploma is not well known, the secretary of the licensing body should communicate with the university by which the diploma is said to have been granted."

The Council then adjourned.

WEDNESDAY, OCT. 15TH.

SIR H. ACLAND, PRESIDENT, IN THE CHAIR.

The Council went into committee for the adjourned consideration of the subject of preliminary examination of medical students.

On the motion of Dr. HUMPHRY, it was resolved, without discussion, that English history should be omitted from the subjects required for the preliminary examination.

Dr. HUMPHRY then moved, and Dr. STRUTHERS seconded, that modern geography be omitted.

Dr. STORRAR protested against the proposed omission, believing that geography was a necessary part of a medical student's education.

Dr. LYONS also objected to the proposal, and said that

the subject was peculiarly important to medical men in connexion with the subject of the geographical distribution of disease, and the localities whence drugs are obtained.

Dr. CHAMBERS supported the motion.

Dr. HAUGHTON also spoke in favour of the motion, which was put and carried.

Dr. HUMPHRY moved: "That Latin include translation from specified authors, and translation of easy passages not taken from such authors." He said he did not suggest that the subjects whose omission he proposed were not unimportant ones in the way of mental culture, but what they had to determine was the selection of such subjects as would afford the best means of education. Hitherto the curriculum had been greatly overloaded, and the country was under the curse of the system of cramming a number of subjects into the heads of the poor students.

Mr. MARSHALL seconded the motion.

Dr. STRUTHERS objected to increasing the burden of Latin by adding passages from unspecified authors. He did not believe in Latin as the best subject for mental training. He had had large doses of Latin and Greek in his younger days, and had done his best to forget them, in which he had succeeded pretty well, except in regard to nomenclature. A minimum of Latin should alone be required, including a little translation and a little grammar.

Dr. PETTIGREW agreed with the remarks of Dr. Struthers, and hoped that the Latin examination would remain unaltered. A student might be much better employed than in studying ancient languages, which were inferior in utility to modern languages.

Mr. SIMON supported the motion, and said that the line had hitherto been drawn ludicrously low in regard to Latin, so that it could hardly be called a Latin examination at all. Now that two subjects had been withdrawn, he thought that some of the remaining subjects might be strengthened.

Dr. HERON WATSON supported the motion.

Mr. MACNAMARA said that as the curriculum had been lightened, it was only right that something should be done to render the examination in the remaining subjects more effective.

The motion was put and carried.

Dr. LYONS moved that Greek be inserted in the programme.

Dr. BANKS, in seconding the motion, said he was astonished at the remarks of Dr. Struthers, who, although coming from Scotland, had said that he would be satisfied with a minimum education in the dead languages. It was a strange way of raising the preliminary education to exclude Greek from the list of subjects of examination. He feared that it would be introducing the thin edge of the wedge.

Dr. HAUGHTON was satisfied to allow Greek to remain an optional subject, but strongly opposed its entire exclusion. The compromise formerly effected on the subject was, he believed, a wise one.

Dr. STORRAR, while highly appreciating Greek, and desiring it to be a necessary part of the training of a medical student, said it was impossible to secure that object, seeing that so many boys were not taught Greek at school. All that could be done was to retain it as an optional subject.

Dr. A. SMITH opposed the motion, which he contended was an impracticable one.

The motion was put and rejected.

Dr. HUMPHRY moved: "That instead of two books of Euclid, geometry comprise the first book of Euclid, with easy questions on the subject matter of the same."

Dr. HAUGHTON seconded the motion, which was carried without opposition.

Dr. HUMPHRY moved his next proposed modification—viz., "Elementary mechanics, to be passed before registration." He said it might not be possible to include the subject in one preliminary examination, but it might be passed separately before registration as a medical student.

Mr. MACNAMARA said that the proposal was a vital one for the Royal College of Surgeons of Ireland, where a preliminary examination was passed not including mechanics. If the proposed alteration were made the student would have to go through one year of professional study for which he would get no credit, as he could not be registered as a medical student.

Mr. MARSHALL thought the difficulty would be got over by allowing the student to pass the examinations at two different periods.

Dr. HAUGHTON said that Trinity College, Dublin, could not alter its regulations to suit the interests of one profession. The public entrance examination to that College did not include mechanics, but the subject was well taught in the Arts course. Their entrance examination was not intended for the medical profession alone, but for every profession. If the alteration were made the students who passed the entrance examination could not be registered as medical students. Indeed, only a degree in Arts would qualify the candidate for registration.

Mr. SIMON thought that the case of Trinity College, Dublin, could be provided for by a special clause.

Dr. STRUTHERS said that the examinations at the universities should be made to bend to the rules of the Council. Students might, he thought, take mechanics in the first instance, by a three months' course, before entering upon the other subjects. The subject was of great importance to the young medical student.

The motion was put and agreed to.

Sir H. PITMAN moved the following "foot-note" in substitution of the existing one: "This subject may be passed apart from other subjects at an examination conducted by any one of the recognised examining bodies."

Mr. E. MARSHALL seconded the motion.

Sir H. PITMAN, in reply to Mr. Macnamara, said that the object sought was that every candidate before being registered as a student should pass in all the subjects of preliminary education, but not necessarily at one and the same examination. At present there were many who did not pass in mechanics at all. The option was given them to pass at a subsequent professional examination, but there was no guarantee that they ever did so. When a candidate presented his certificate of registration, it was assumed that he had complied with all the requirements of the Council. The examining bodies could not be expected to act as policemen to see that the regulations were carried out. At the College of Physicians the registration certificate was accepted as a sufficient indication that those regulations had been complied with.

Mr. MACNAMARA suggested that a special entry might be made, in a space left for the purpose, as to whether the candidate had passed an examination in physics.

The REGISTRAR said that that was done at the office.

Mr. MACNAMARA said it would be the fault of the bodies themselves if students were allowed to evade the examination. The regulations of the Royal College of Surgeons of Ireland had received the sanction of the Secretary of State, and it would necessarily come into collision with the Council under its new Recommendation.

The motion was put and carried.

Dr. HAUGHTON moved, and Mr. SIMON seconded, the following "note": "Such (university) candidate shall be entitled to registration if the regulations of their universities necessarily involve a higher training and examination in mechanics than the preliminary examination in mechanics contemplated by the General Medical Council."

Mr. MACNAMARA pointed out that a student of Trinity College might pass the entrance examination (which did not include mechanics), and then, after being registered as a medical student, might leave the College altogether, and go through a medical course without taking mechanics at all.

Dr. HERON WATSON said he believed the medical studies at Trinity College, Dublin, overlapped the preliminary studies; whereas the desire of the Council was that the student in his medical course should be untrammelled by preliminary subjects.

Sir H. PITMAN called attention to a resolution passed by the Council in 1881, when the subject was fully considered: "That the examiners in general education conducted by the universities be accepted as heretofore, but that if in any of those examinations the subjects of elementary mechanics, solids and fluids, are not included, a knowledge of those subjects should be required at a subsequent examination."

Dr. HAUGHTON thought it would perhaps be better to leave out the "foot-note" with regard to the universities altogether, leaving Trinity College, Dublin, to deal with the situation as it best could.

Dr. Haughton then withdrew his proposal; and the "foot-note" No. 1 was also withdrawn.

Dr. HUMPHRY moved: "That the optional subjects be omitted altogether." His object, he said, was not to cast a slur upon the subjects in question, but to carry out the principle of diminishing the number of subjects required.

Mr. MACNAMARA, in seconding the motion, said he had voted for raising the Latin examination with the hope that some of the optional subjects would be thrown over. A man might be examined in Greek if he liked; but as to the

other optional subjects, it was most desirable to lighten the ship of every one of them.

Dr. PETTIGREW was in favour of retaining the optional Council subjects, and thought the Council would err if it tied the student down to Latin.

Dr. BANKS spoke in favour of retaining the modern languages as optional subjects.

Dr. STRUTHERS thought that Greek must be recognised as one of the optional subjects. As to modern languages, the Council, in dealing with a profession which was essentially modern, ought not to refuse to encourage the study of French and German, and also Italian. He should not shed tears if logic were omitted; and elementary chemistry might with advantage share a like fate, because it was in all the professional examinations. He would, however, move that the subject of zoology be added to the list.

Dr. PYLE seconded the addition of zoology.

Mr. SIMON said he would gladly vote for Professor Humphry's resolution, which he considered an essential part of the reform which the Council was contemplating. The list of "optional subjects" represented to a great extent the crotchets or idiosyncrasies of individual members of the Council. Professor Struthers wished to add zoology, but why not add "things in general"? If the object were to give marks to any kind of knowledge—and it really came pretty nearly to that—why not say that a man who should pass an examination in Shakespeare or Milton should gain something? The purpose of the Council was that no man should be admitted to begin his medical studies without certain definite knowledge, and not to put after that requirement *plus* half a score of other accomplishments, many of which had been got more or less by chance.

Mr. MARSHALL dissented from the idea that the optional subjects represented the crotchets of the Council. He should like to see the profession joined by men of varied abilities; and if a candidate were an able French scholar he ought to be given due credit for it.

Dr. HAUGHTON thought it would be impossible for the Council, without committing a breach of faith, to remove Greek from the list, but elementary chemistry and logic might be excluded.

The motion for the omission of the optional subjects was then negatived, fourteen voting against it and seven in its support. The motion of Dr. Struthers, that zoology should be included in the list, was then put to the Council and agreed to.

Mr. MACNAMARA moved the omission of logic, but after a short discussion the motion was withdrawn.

The Council then adjourned.

THURSDAY, OCT. 16TH.

At the sitting of the Council in committee to-day, a resolution proposed by Dr. Struthers, "That the subjects of the preliminary examination for the registration of medical students be allowed to be passed at one or more examinations," was carried, after debate, by 10 votes to 8. The Council having resumed, considered and adopted the report brought up by the committee on the subject of preliminary education. It was also resolved that the amended regulations upon preliminary examinations should be communicated to those examining bodies whose examinations are recognised by the Council, but that they shall not come into effect until October 1st, 1885. Notices of motions by Dr. Haughton and Dr. Lyons were withdrawn, and on the motion of Dr. Lyons a committee was appointed to consider the question of a more suitable place of meeting for the Council.

This brought the business of the Council to a conclusion, and the session accordingly terminated.

THE WESTERN DISTRICT FEVER HOSPITAL.

FROM the annual report of the Medical Superintendent, Mr. R. D. R. Sweeting, we learn that during the year 1883 236 cases were admitted, 197 of these being scarlet fever, 18 enteric fever, and 13 typhus fever cases, the remaining 8 suffering from other diseases. The total number of deaths was 21, 15 of these being due to scarlet fever, 2 to intercurrent measles in scarlet fever cases, 3 to enteric fever, and 1 to inflammation of the kidney (tubal nephritis). The total mortality per cent., calculated by the Registrar-General's formula, was 7·92. That from scarlet fever was 6·77, and from enteric fever 14·63. Of the 8 cases admitted suffering from diseases other than scarlet, enteric, or typhus fever, 3 were cases of German measles, 2 of measles, 1 of tubal nephritis, 1 of diarrhœa, and 1 of gonorrhœal ovaritis; the cases of German measles, measles, and nephritis were sent in as being scarlet fever, those of diarrhœa and ovaritis as being enteric fever cases. Six cases of scarlet fever, also, developed eruptions of German measles in their course, the infection being started either directly from one of the cases admitted with the disease, or being due to the concurrent infection of one or more outside. Two cases, also, of chicken-pox coexisting with scarlet fever were noticed, in one of which the eruption of the former was just showing, in the other it was in a more advanced stage. These cases infected a scarlet fever convalescent. Five of the nursing staff and one kitchenmaid were attacked with scarlet fever, but none died; all were first attacks. An assistant nurse contracted typhus fever and died. Two others caught measles and enteric fever respectively, and recovered. Seventy-eight visitors paid altogether 258 visits to patients. None of the visitors were subsequently admitted with fever. Eight tables of statistics are appended to the report, which show that 83 per cent. of the admissions were scarlet fever cases, and 71 per cent. of the deaths were from that disease. September was the most active month in the point of admissions, which came to 41; of these 40 were scarlet fever cases. The mean total quarterly admissions were 59, and this was exceeded both in the third quarter (72) and the fourth (62). Kensington contributed 44 per cent. of the total admissions, Fulham 30 per cent. Of the total admissions of scarlet fever, 58 per cent. were under ten years. The mortality was greater amongst males, and heaviest in those under five years; the deaths from enteric fever were all male cases; no deaths from typhus fever occurred, 5 only as a matter of fact being treated, the others being transferred. Table 8 comprises (1) a list of complications and sequelæ observed in completed cases of scarlet fever; (2) a list of complications and sequelæ observed in completed cases of enteric fever. Amongst the kidney affections noted as complications and sequelæ of scarlet fever, acute desquamative nephritis and simple albuminuria hold equal positions, being equal to a percentage of about 12 on the total of completed cases; ascites was only present in one case. The cervical glands were enlarged in 105 cases; purulent otorrhœa was present in 33, and purulent nasal catarrh in 17. Uræmic convulsions were noted in 8 cases, and a true relapse in 10. Acute rheumatism figured as a complication four times, and there were three cases of retro-pharyngeal abscess.

DESTRUCTION OF THE CHRISTIANSBORG PALACE: ADDRESS TO THE KING OF DENMARK.

THE following is the text of an address presented to the King of Denmark by the English, Scotch, and Irish members of the International Medical Congress which met in Copenhagen last August. The destruction by fire of the beautiful palace, where the members of the Congress were so royally entertained, awakened general sympathy, which finds fitting expression in the terms of the address. The exact number of signatures appended to the address is sixty-three, every endeavour having been made to secure the signature of those who were actually present. The signatures were obtained by letter, and copied in facsimile on the vellum containing the address.

To His Majesty Christian IX., King of Denmark.

May it please your Majesty,—We, the undersigned English, Scottish, and Irish Members of the International Medical Congress lately held in Copenhagen, desire, very respectfully, to offer to your Majesty the expression of our profound regret at the destruction of the grand and beautiful Palace of Christiansborg. We very gratefully remember the honour conferred on us in that palace, where we were received and entertained with splendid and graceful hospitality by your Majesty and the members of your Royal Family. The recollection of that reception and of all the proofs of welcome which were shown to us in the City of Copenhagen impels us to offer, and to hope that your Majesty will graciously accept, this assurance of our sorrow for the loss which your Majesty and Denmark have sustained.

THE LANCET.

LONDON: SATURDAY, OCTOBER 18, 1884.

THE greatest apologists of the Medical Council would scarcely deny that the Council never appeared to greater disadvantage than it has done during the present sitting. We gave some illustrations last week of the questions on which members thought fit to spend hours and days of the Council's time. Since we last wrote, one or two questions of a graver and more practical kind have engaged the attention of the Council. But, for the most part, the order of business has been bad, indications of the sense of proportion have been slight, most of the questions that have been discussed had better have been left alone, and on the one subject of importance that has come before the Council a gravely wrong conclusion has been reached.

Whenever the Council does not know what else to do, or how otherwise to occupy its time, it falls back upon the subject of Preliminary Education. This is a theme that never fails. Fully a day or two is occupied in determining the shape that the discussion shall take, and the subject is one on which no two educationists are agreed. The rival claims of Latin and Greek, of modern and ancient languages, of literature and physics, of botany and zoology, of geography and history, are the questions on which the Council can always spend the best part of a week. It would matter less if its Recommendations were acted on. But they are not. And the Council is constantly laying itself open to uncomplimentary intimations from the universities and other bodies that they cannot adapt their examinations to the constant and capricious changes of the Council's regulations. There seems some fatal defect of memory on this subject in the most reasonable members of the Council. One such member said in the course of the present discussion, in reply to Dr. STORRAR, who urged that this subject was too often tampered with, that it had not been discussed for seven years. Turning to the minutes of the Council, we find it was most exhaustively discussed no further back than July, 1880. No less than four or five days were spent then in revising the regulations in regard to preliminary examinations. Here in 1884—actually only two years after the regulations then agreed to have come into operation—the Council deliberately opens up the whole subject, spends about three days and nearly six hundred pounds in going over the very same arguments and proposals, and in arriving at almost the identical results that were reached in 1880. Can it be wondered at that the universities are contemptuous of the Council and its Recommendations, and that school teachers and students are kept in perpetual and perplexing uncertainty? The actual changes made as the result of all this labour are the omission of English history and modern geography from the list of compulsory subjects and the inclusion of zoology among optional ones. One of the most curious facts in regard to this indefensible waste of time over an exhausted subject was that its discussion was initiated by Professor HUMPHRY, who ought to have remembered the rebuke administered by the chairman of the Board of Medical Studies of his university and the vice-chancellor of the University of Oxford to the Medical Council for not leaving such subjects, in accordance with its own expressed views, to the National Educational Bodies.

There are two subjects on which the Council will perhaps stake its reputation, and think that it has given a respectable judgment. The one of these was a motion by Dr. HUMPHRY, carried by all but three of the Council, "That no person shall be granted a degree, diploma, or licence to practise, registrable under the Medical Act, unless he has proved his competency in medicine, surgery, and midwifery, by passing examinations in those subjects at one or more of the licensing bodies." The Council must really be very easily thrown into a state of self-complacency if it can be proud of itself for passing a resolution of this kind. *Cui bono?* Nearly every existing body does already examine in all the three branches of medicine. Probably only the Apothecaries' Societies do not. But even so, with one exception, their diplomas are not diplomas in medicine, surgery, and midwifery, but in one or other only of these branches. However complete the examination, in the existing state of the law the diploma is one-sided, and the student compelled to take two.

Another act of the Council, which many of its members seem to regard as a great feat, was the sanction of the conjoint scheme of the London Colleges, leaving out the Apothecaries' Company, on which we have already expressed an unfavourable opinion, and on which we shall next week have to say much more. The Scotch members to a man supported this resolution, but no less than ten members of the Council did not vote on the question. The vote, indeed, at the last was taken in a somewhat stormy Council, most of the members objecting to closing the discussion, desiring either to spend more time over the motion or to compel the co-operating Colleges to take in the Apothecaries' Society, which is left out in the cold to do an independent business, and which indeed has a good chance of doing a good business, giving a diploma which will cost but six guineas and will entitle men to registration and qualify them for five-sixths of the work of medical practice. It is intelligible enough that the Scotch members should unanimously have sanctioned a scheme which seems so well calculated to drive men for degrees and diplomas to Scotland. But how a General Medical Council could be found to sanction a scheme so unjust, so extortionate, and so impolitic we are at a loss to understand. We do not believe that even the Medical Council and the corporations can always resist the effects of such bad work as they have been doing of late. For the time being, with a demoralised and incompetent Legislature, such things may go on. But the day of reckoning will come.

THE Army Circular of October 1st contains a Royal Warrant, based on the report of Lord MORLEY'S Committee, amalgamating the Medical Department and the Army Hospital Corps. The Medical Officers and Quartermasters are in future to be designated "the Medical Staff"; and the Warrant Officers, Non-commissioned Officers, and men of the Army Hospital Corps, "the Medical Staff Corps." Besides this change of title, the Warrant makes a very

important addition to that of June 10th in the following two clauses: (1) "The officers of the Medical Staff shall be the officers of, and shall command, the Medical Staff Corps, as well as all patients in military hospitals, and such officers, non-commissioned officers, and men as may be attached for duty to the Medical Staff Corps; but they shall not hold any military command outside the corps." (2) "An officer of the Medical Staff, selected by the Director-General and approved by our Commander-in-Chief, shall be appointed staff officer of the Medical Staff Corps." The Warrant gives medical officers the power, "when non-commissioned officers or men are guilty of misconduct, or show themselves negligent or indifferent while in the performance of departmental duty," to stop the whole or a portion of their departmental pay for the day. They have also the power to reduce first or second class orderlies to a lower rank, subject to the confirmation of the principal medical officer of the district or command. It must be very satisfactory to the army medical officers to have their position with reference to the men employed in hospital duties thus clearly defined, and the control of the establishments for which they are responsible entrusted to them, subject only to the administrative officers of their own service and the generals commanding districts at home or commands abroad.

Simultaneously with the promulgation of this Warrant, a General Order has been issued from the Horse Guards directing the establishment, in connexion with a general hospital at the base of operations in time of war, of a depôt, under the command of an experienced officer, for the reception and accommodation of men when discharged from the hospital. The duties of this officer will include the charge of the arms, equipment, &c., of the men, the settlement of their accounts, the issue of routes, the conduct of all correspondence not of a professional character, the interment of the dead and the disposal of their effects, and the report to their corps of the arrival and departure of sick and invalids and of deaths occurring in the hospital. "The depôt will be considered a necessary part of general hospital organisation, and will accompany a hospital on active service when and where it may be moved or established." It is distinctly laid down in the Order that the officer commanding the depôt "will have no authority over the hospital or its staff, and is not to interfere in any way with the discipline, order, or arrangement of the hospital, or its staff, or inmates, the whole of whom are subject only to the orders and control of the principal medical officer, under the general officer commanding at the base or in the district in which the hospital is established."

YEAR by year the importance of the duties performed by the Port Sanitary Authority of London, especially in so far as these relate to the protection of the health and sanitary interests of the metropolis, increase in importance, and the report which has just been issued by that authority and their medical officer of health, Dr. COLLINGRIDGE, for the first six months of the present year, deals with matters deserving considerable prominence. The limits of the port district have now been definitely defined, and the jurisdiction of the authority extends to Port Victoria, Sheerness, Queenborough, and to a portion of the Medway, in addition to the Thames and its banks as far as the Nore. The sanitary control of such a district, if efficiently carried out, must constitute one of the principal safeguards to the metropolis and to the country generally, with regard to the importation of infectious diseases and other matters, and it is evident that the existing administration leaves but little to be desired in point of efficiency. The river and its shipping are subject to constant inspection, a special steam launch is maintained to aid in this work, a deputy medical officer of health is available for the Gravesend portion of the river, an excellent infectious hospital has been erected in a suitable position on the banks of the stream, arrangements are in force for obtaining the earliest possible information as to the existence of infectious disease, means for the disinfection of clothing and other articles are available, and the whole system of work is under efficient supervision. The existence of cholera at Toulon and Marseilles, and later on at Naples and Genoa, would in years gone by have been a source of great alarm in connexion with the shipping coming from the Mediterranean ports to London; but this year, although the occurrence has necessitated much increase of vigilance and of work on the part of the port officers, yet the state of preparedness which had been attained enabled them to face the danger with a degree of confidence which has never yet before been possible, and the country itself, knowing all that has been done, cannot but share in the trust which may be placed in the organisation now established. Had it been necessary, the staff for inspection purposes would have been materially increased, the means of isolation were already available, and the system of protection against cholera importation on which we rely in this country would have been fully carried out. As it was, rigid inspection was made of ships and, where necessary, of crews and passengers, the utmost cleanliness as to water bilges, and all matters affecting the sailor was insisted on, and a notice was freely distributed as to the need for cleanliness and the early treatment of diarrhœa. A system of notification of infectious diseases has also been brought into operation. From the commencement of this year it became necessary that every master or person in charge of a vessel should report the existence of any case of certain specified infectious diseases not more than two hours after reaching either Gravesend or Greenwich, and since the issue of the necessary notices, wilful concealment of disease which was formerly practised has come to an end. Were any such organisation and appliances in actual working in foreign ports, the days for rigid quarantine measures would probably be nearing their end. But the work of the port officers is in no way limited to the protection of the country against infection. Our food supplies are subjected to a rigid inspection when arriving through the port of London, and owing to the imperfections still attaching to the methods for freezing meat and canning articles of food, it has been found necessary, after careful examination, to condemn large quantities of such articles. The labour involved in this is very great; it generally necessitates the examination of the whole consignment, and when unsound articles such as meat are discovered they are disinfected before removal so as to avoid nuisance, and then they are destroyed at certain depôts under the supervision of one of the port inspectors, the owner or consignee paying all expenses. The polluted condition of the Thames has also been a matter of continued concern to the authority, whose labours in the

interest of maintaining our great watercourse in a reasonably wholesome state deserve the recognition of the whole public. During the past half year the state of the river has been worse than ever, and its fetid filthiness, previously somewhat obscured under the cold summers we have experienced, has been revealed in all its loathsome nakedness. The area of pollution seems also to be increasing as the metropolis becomes more populous, and Dr. COLLINGRIDGE reports that the whole river from Purfleet to Limehouse is of a dark colour, with blacker patches here and there, and has a most disgusting smell. The action of the Metropolitan Board of Works, in so far as they affect to deodorise the vast mass of sewage, is condemned as unsatisfactory, and it is difficult to conceive that it could be otherwise regarded.

DR. CRICHTON BROWNE is mercilessly vivisecting Mr. FITCH, so far as that gentleman may be embodied in his memorandum. In a series of lengthy but singularly lucid and, if we may say so, amusing letters in *The Times* the author of the report is administering a "policy of reprisals," of which the author of the memorandum forms the victim. We do not envy Mr. FITCH or his chief. They did not form an adequate estimate of the "knee-jerk" in Dr. CRICHTON BROWNE when they tried to sclerose him in the proliferating fashion of the great educational department presided over by Mr. MUNDELLA. Entirely in consequence of the tests applied it has come out reflexly that Dr. CRICHTON BROWNE was not a volunteer inquirer, as alleged for parliamentary purposes; that he did not take the first step in the matter, but was actually "sent for" and "asked" to investigate the subject of "over-pressure"; that Mr. FITCH was not less ill-informed than ill-mannered when he affirmed that Dr. CRICHTON BROWNE was unqualified by experience for the task he had undertaken. Nothing can be more destructive than Dr. CRICHTON BROWNE'S scathing though courteous rejoinder to Mr. FITCH; and the question at issue may now be lifted out of the region of departmental and personal strife, and placed on the basis of ascertained fact. There *is* over-pressure in elementary schools, let who will or may deny the fact and affirm its contradiction.

Moreover, the pressure proved to exist is very great and mischief-working. The undeveloped brains of half-starved children, in whom heredity, adverse surroundings, and too often actual disease combine to handicap energy, are strained and irritated by the application of a code framed in ignorance of the first principles of brain-life and function, and administered in an offhand and indiscriminate fashion. The results are damage and wreckage; and for every case that is brought under public observation there are many that pass unnoticed. Mr. MUNDELLA and his subordinate may deny or question these facts as they please. It is an all-sufficient answer that they *are* facts, and no amount of ingenuity can ignore them. The time has come to speak plainly on this subject. The moment Mr. FITCH was commissioned to annotate Dr. CRICHTON BROWNE'S report—a non-medical man to criticise and contradict the expressed opinion of a physician who is almost a specialist on the physiological aspects of the educational question—the Education Department of the Privy Council placed itself wholly and irretrievably in the wrong. It was only necessary to wait until the author of the report had published his rejoinder before taking up a formal position in the controversy. Dr. CRICHTON BROWNE has now disposed of the personal question, and we are free to speak.

In the name of common sense we ask, What does the Vice-President mean by such trifling with a grave question as that in which he has indulged with the aid of his inspector? When Mr. MUNDELLA sent for Dr. CRICHTON BROWNE, he must have had one or the other of two purposes in his mind, either to make evidence to bolster up his department, or to obtain an honest opinion on its administration. If Mr. MUNDELLA claims to have sought only a good professional judgment, why does he complain because it is against him; and, above all, why does he charge or allow a non-medical inspector to assail and insult the very physician selected by the Vice-President for the investigation?

When first we commented on this topic, we likened Mr. MUNDELLA'S commission to Mr. FITCH to that of the defendant who, having no case, instructed his counsel to abuse the plaintiff's attorney. The matter turns out to be one of far greater gravity than this comparison would serve to indicate. Mr. MUNDELLA has allowed his attorney to abuse the Judge—the Judge, be it observed, of his own selection, and to whom he deliberately appealed. This being so, we have no words strong enough to mark our sense of the insult Mr. MUNDELLA has by his agent offered to the medical profession, as represented by Dr. CRICHTON BROWNE. The strait in which the Department found itself cannot for one moment be accepted as an excuse for the offence committed. The facts have proved to be against the policy pursued, and a deliberate attempt has been made to deny or misconstrue them. It only remains to say that the allegations of Dr. CRICHTON BROWNE'S report are abundantly supported by independent evidence; and now that the bad faith of the Department stands confessed, the appeal must lie to the common sense of the community. It is intolerable that the policy of over-pressure should be pursued, and, with Dr. CRICHTON BROWNE, we say it must cease.

Annotations.

"Ne quid nimis."

HOSPITAL SUNDAY FUND.

THE Council of the Hospital Sunday Fund met on the 10th inst., to discharge a pleasant duty—viz., to dispose of £4500 which had been sent by His Royal Highness the Prince of Wales as the result of the recent hospital fête. In addition to this sum, £713, which had been paid into the fund since the last meeting, had to be distributed. The Council determined wisely to divide the money *pro rata* among the various hospitals and dispensaries which had recently received the bulk of the fund. One interesting feature of this incident is the proof which it affords of the confidence of the Prince and the public, which he so well represents, in the judgment of the Council of the Hospital Sunday Fund. This sum had of course no connexion with Sunday or any religious denomination, but yet was forwarded for distribution to the Hospital Sunday Fund. Dr. Glover argued that such proofs of public confidence made it incumbent on the Fund to consider whether in any other or further way they could promote the public support of hospitals. Referring to the recent discussion in *The Times*, in which

Mr. Burdett ably shows that the income *from all sources* of all the hospitals has not fallen off since the institution of Hospital Sunday, but has, on the contrary, increased by 8·9 per cent., Dr. Glover maintained that hospitals had not suffered from, but had benefited by, the Fund, and that the treasurers of hospitals would be very sorry indeed to be deprived of the assistance of the Fund, and urged that the authorities of individual hospitals should increase their energy and inventiveness in devising new sources of support. His resolution, unanimously agreed to, was as follows: "That it be an instruction to the General Purposes Committee and the Distribution Committee to consider whether any, and what, means could be recommended for adoption by the Council for increasing the power of the Hospital Sunday Fund in its efforts to develop and extend the public support of the medical charities of the metropolis." Sir Sidney Waterlow expressed very powerfully an obvious objection to giving a "district" or localised character to the Sunday collection. This would debar the inhabitants of the rich districts from the pleasure of helping hospitals in poor districts, and it would tend to belittle and parochialise a great metropolitan movement. But this and all other suggestions, we may be sure, will be fully considered by the committees to which the instruction expressed in Dr. Glover's resolution has been referred.

PRECAUTIONS AGAINST CHOLERA.

THE War Office has just issued, in the October *Army Circular*, a new code of instructions to commanding, medical, and other officers of the army for "guidance at a time when there is reason to anticipate an outbreak of cholera, or when it is actually prevalent among the troops." They are divided into three sections, the first being the precautions to be adopted in anticipation of an epidemic; the second, additional measures when it has broken out among the troops or the surrounding population; and the third, the instructions respecting disinfection. The measures to be adopted when an epidemic of cholera is expected may be summarised as follows: great attention to the sanitary condition of barracks and camps, and the removal of nuisances in the neighbourhood; avoidance of crowding in barracks; attention to ventilation, cleaning and lime-washing of walls and ceilings, regular emptying of ashpits and cesspits, and flushing of latrines, sinks, and drains; examination of traps, ventilating shafts, and valves connected with sewers and drains; particular attention to the water-supply, and inspection of the rations and other supplies for the use of the troops. The night duties of the soldiers are to be reduced as much as possible, and arrangements made for speedily changing wet articles of clothing. A small body of men are to be exclusively employed in carrying out conservancy duties in barracks. The additional measures when cholera has broken out among the civil population are the prevention, as far as possible, of soldiers going into affected districts, the camping out of a portion of the troops if the barracks are overcrowded, the issue of tea or coffee to the men before going on early morning or night duties, the issue of two flannel belts to each soldier and the use of flannel shirts, and a careful watch for men suffering from looseness of the bowels. When a case occurs in barracks, the room is to be vacated, fumigated, and cleaned, and if the disease spreads, the troops are, on the advice of the principal medical officer, to be camped out when practicable, and the site of the camp changed if necessary. The evacuations of the cholera patients are to be "passed into vessels supplied with chloride of lime, cupralum, or carbolic acid powder, and thereafter buried in some place or disposed of in a drain set apart for the purpose." Under the third head—"Disinfecting Agents"—chloride of lime or quicklime is to be used when a considerable space and bulk of material are to be dealt with; cupralum is especially applicable for bed-pans, closets, &c., and carbolic acid powder for urinals, privies, dust-heaps, &c., as well as for bed-pans, and closets. For the purposes of fumigation, chlorine gas, nitrous acid gas, or sulphurous acid gas may be used, and detailed instructions are given as to the quantities required for the disinfection of 1000 cubic feet of space, and the mode in which these gases are to be prepared and employed. The instructions appear to us to have been carefully drawn up, to be very practical, and to be likely to prove useful in preventing the spread of the disease should it unfortunately break out among our troops or the civil population.

MEDICAL EDUCATION IN AMERICA.

THE current number of *Le Progrès Médical* contains a letter—the first of a series—from M. L. Thaon, giving an account of medical education in the United States. He has visited several of the leading schools on the route from San Francisco to New York, and his description will be read with interest. He points out that, unlike France and Germany, but like England, medical education in the States receives no support from Government, which is so prolific in its favours to primary education. The American is, he believes, the outcome of the English system, which "leaves medical instruction in the hands of a dozen free and independent corporations, who teach and confer diplomas without any Government interference"; but he points to the projected Medical Act as an indication of the desire on the part of the English profession to adopt the continental plan. There are "three medical schools in New York, besides the Women's College; two in Philadelphia, and one for women; two in Boston; three in San Francisco; one in Denver—a town which did not exist twenty-four years ago; and there is one in another small town in Colorado of only 6000 inhabitants." In addition to the regular schools there are the *irregular*—viz., homœopathic, eclectic, and physio-medical, which last defies definition. Altogether there are 139 medical schools in the United States and Canada, containing about 12,000 students—viz., 10,000 regular, 1200 homœopathic, 750 eclectic, and 50 physio-medical students. The total number of doctors is about 100,000, or on an average one to every 500 inhabitants. M. Thaon goes on to describe how easily such schools are founded, and how they are maintained occasionally by public liberality, of which the Johns Hopkins University and the recent gift of 250,000 francs of Mr. Andrew Carnegie to the Bellevue College of New York, to provide histological and pathological laboratories, are striking instances. The maintenance of most of the schools depends on the students' fees; and an institution with fewer than 400 or 500 students can only be maintained at a sacrifice, or with inadequate remuneration of its teachers.

INSURANCE OF INFANT LIVES.

MUCH attention has recently been drawn to the evil effects which result from the insurance of the lives of infants. In Burnley, according to a report by Dr. Airy of the Local Government Board, the deaths of infants under one year of age is excessively high, the average rate being 20 per cent. of the births registered. This result is in part due to the practice of mothers employed in mills leaving their infants with old women who profess to look after them. But, adds Dr. Airy, it is strongly suspected that the very general practice among the poor in Burnley of insuring the lives of infants results in many cases in the death, on which it puts a premium. This is what numerous medical officers of health have long maintained, and it is to be hoped that some statutory restriction will soon be put upon a practice which is reprehensible in the extreme, and to which it is to be feared that many infant lives in this country have been sacrificed.

ASSOCIATION OF FELLOWS OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

WE believe that the sub-committee which was appointed shortly before the long vacation to prepare a scheme of reform has completed its labours, and that its report will be presented to the committee of the Association next Thursday. When the scheme has received the approval of the committee, it is contemplated to circulate a draft of it among the Fellows and Members of the College in order to secure the interest and co-operation of the whole of the members of the corporation. The details of the plan of reform have not yet transpired, but we are assured that when they are made known they will be found to aim at increasing the political and academic importance of the Fellows and Members, at the same time that they will add to the usefulness, influence, and dignity of the College.

INFLUENCE OF LIGHT ON THE DISSOCIATION OF OXYGEN BY PLANTS.

A CHEMICAL study, which may be mathematically investigated, is the question of the influence of light in disengaging oxygen from plants. The subject is one which has frequently received attention, but by no one more thoroughly than by Prof. Reinke. The method adopted by this observer was to calculate the number of bubbles of oxygen liberated by a given surface of a leaf, under the influence of varying intensity of light. The intensity of the light was obtained so as to be capable of exact measurement by means of a convex lens which transmitted light into a darkened chamber from a heliostat, which reflected the light of the sun. The intensity of light to which the leaf is subjected then varies according to its position in the double cone of rays formed by the lens. Working in this way, the author finds that the separation of oxygen obtains its maximum with light of normal intensity (i.e., at twice the focal distance of the lens, where the diameter of the cone of rays is the same as at the lens), that it rapidly diminishes with intensities of one-fourth, one-eighth, and one-sixteenth; but, on the other hand, remains almost constant when the intensity is two, four, and eight times the normal. The study of the influence of light of different colours on the disengagement of oxygen by plants has been investigated in a similar manner. The maximum disengagement of oxygen corresponds with the maximum absorption of the green colouring matter of plants, and is situated in the red, not far from the line B; the curve representing the degree of separation of oxygen descends rapidly towards the ultra red, more slowly towards the ultra violet; but, contrary to the experiments of Engelmann, there is no augmentation in the dissociation of oxygen corresponding with the absorption band, commencing between the lines *b* and F, and extending over the whole of the right side of the spectrum.

THE WIDTH OF STREETS.

MUCH advance has been made during recent years in securing increased space about inhabited dwellings, and modern regulations require that a certain minimum of space shall be given in the rear of houses, and also to the front, the width of the street being taken into account as regards the latter space. But in the State of Illinois the excessive width of the streets is reported as having of itself become a source of nuisance and of danger to health. Sixty feet and more are ordinarily given to new streets, even in the smaller towns; eight feet on either side are paved and devoted to pedestrians; and the remaining space, varying usually from forty-four to fifty-four feet, is devoted to carriage traffic. The result is that this wide carriage road, so often in excess of the requirements of the vehicles that have to travel over it, becomes a source of such expense as to forbid its being properly paved, cleansed, and channelled. The street consequently is soon turned into a vast surface of dirt mixed with filth, horse droppings, and other refuse, and when the weather is so dry that dust is formed, the air which is inhaled as the dust flies about is calculated to bring about disease as well as discomfort, instead of promoting the health of pedestrians. Dr. Gregory in bringing forward this subject fully concurs in the great importance of providing wide thoroughfares, and of keeping the number of inhabitants to each acre down to a proper maximum, and hence he declares that he would not on any consideration diminish by a single foot the width of the streets. But he would curtail the actual roadway, so that it shall only suffice for the proper demands of the carriage traffic, and between that limited space, which could then be properly kept at a reasonable cost, and the foot-paths, he would plant trees and lay down grass, so as really to provide in towns and cities such freshness and greenness as would go far to induce people to take that form of exercise which is most conducive to health. The hints given are as well worthy of attention in this country as on the other side of the Atlantic. Something has been done in this direction both in the metropolis and in other towns within the past few years, but there is still room for much that would help to render our town thoroughfares both more healthful and more attractive.

MIGRAINE AND TABES.

AMONGST the various prodromata of tabes dorsalis, attention was drawn by Duchenne, and later by Pierret, to the occurrence of neuralgic seizures closely simulating hemicrania; and the recent brochure of Berger, to which we have previously referred, mentioned this fact as a novel observation. Dr. H. Oppenheim of La Charité, Berlin, points out (*Berl. Klin. Wochenschr.*, 1884, No. 38) the priority of the French authors, and supplies some interesting details of twelve cases, from a total of eighty-five tabetics, who either were at the time of observation or had previously been subject to migraine, ten of the patients being females. The study of these cases leads him to conclude that hemicrania is far too frequent a feature in the history of tabes dorsalis to be considered an accidental event, and that it is far more common among tabetic women—e.g., ten times in thirty-two cases—than among men. The relations which the hemicrania bears to tabes are various. Generally it has been present many years before the initial symptoms of tabes; and the hemicranial attacks increase in frequency, intensity, and duration as the disease advances. Or the migraine may coincide with the onset of declared tabetic symptoms, or be associated with vomiting and gastric crises. In rare cases the hemicrania does not appear until tabes is developed. On these grounds, Oppenheim thinks it the duty of the physician, especially in migraine of increasing severity, to be on the alert for the recognised early symptoms of tabes—especially the absence of knee-jerk.

MEDICAL REGISTRATION.

WE publish this week, in our advertisement columns, a notice by the Registrar of the Medical Council calling attention to the importance of every registered medical practitioner sending information to the branch registrar of the division of the kingdom in which he may be practising of any change in his address or of the acquirement of any additional qualification, in order that such change or addition may be included in the forthcoming Medical Register; also of replying at once to any letter of inquiry that may have been sent in regard thereto. Carelessness in the above matter has frequently been followed by great trouble and inconvenience.

HÆMOGLOBINURIA.

A PAPER on the above subject was read by M. Henrot at the recent meeting of the French Association for the Advancement of Science, and gave rise to an interesting discussion. (*Progrès Médical*, Oct. 4th.) Two cases were recorded in the paper. The first was that of a man aged thirty-two, with phthisical consolidation at one apex; he was also syphilitic. Occasionally, and as a rule after exposure to cold or muscular fatigue, he passed coffee-coloured urine. Before the attack, which was always pyrexial, the urine was clear and free from albumen; after the attack it contained albumen, but no blood-corpuscles. At the end of two years the hæmoglobinuria disappeared, but the urine became albuminous, and the patient eventually died of tuberculosis. The second case was that of a man thirty-five years of age, who had had four attacks, during which he passed characteristic urine containing albumen after the attack; urobilin was found in this urine. M. Henrot suggested that the dissolution of the blood-corpuscles in these cases was due to the presence in the blood of biliary acids. As to the treatment of hæmoglobinuria, he raised the question whether inhalations of oxygen might not be of use by increasing the resisting power of the corpuscles. In the cachectic period transfusion of blood might be resorted to. In reply to M. Maurel, he said that neither of the patients had shown any malarial symptoms; one had lived in Africa for some time. M. Hayem thought the rarity of icterus associated with hæmoglobinuria a forcible objection to M. Henrot's view. Another objection lay in the fact that for hæmoglobin to escape there should be a large quantity of it in the serum. In some experiments he made on this subject, he attempted to set the hæmoglobin free by injecting water into the blood, and found that it was not until a quantity of water equivalent to one-half the mass of blood in the animal was so injected that hæmoglobinuria (and then only transitorily) occurred. Yet the serum of the blood in cases of hæmoglobinuria is barely more coloured than normal, and the plasma contains about as much hæmoglobin as in health. Therefore, M. Hayem thinks, there is every probability that in this affection the hæmoglobin is altered, acting as if it were introduced from another species of animal, an experiment which immediately excites hæmoglobinuria.

ADJOURNED INQUESTS.

DR. DIPLOCK, coroner for West Middlesex, held an inquest at the Vestry Hall, Church-end, Willesden, touching the death of the Rev. William Spencer Edwards, who died suddenly at the residence of Dr. Keele, Cricklewood, Willesden. The evidence went to show that the deceased's health was greatly shattered, and that he suffered from great nervous prostration with excitement, which rendered advisable his removal from town to a quiet country place. The post-mortem examination was made by the divisional surgeon of police, who concluded that the fatal issue was from syncope consequent on cardiac disease. The jury, influenced, no doubt, by the facts disclosed during the hearing, considered themselves not justified in returning a verdict without further medical evidence. We do not wish to intervene between the jury and their verdict by discussing the merits of the case, but we cannot help thinking that when a dispute is likely to arise at the hearing it is well either that the coroner should appoint some medical expert approved by all the parties, or that each one should send its representative to witness the autopsy. In this way an adjourned inquest would in many cases be unnecessary, expense to the ratepayer would be saved, and what is of far higher importance, there would be less chance of the evidence as to the cause of death being destroyed by exposure and putrefaction of the body. We wish it clearly to be understood that we do not cast the slightest aspersion on the gentleman who conducted the post-mortem examination in this particular case, as we have no reason to doubt his probity and skill, but the event thus far shows the reasonableness of our suggestion.

VEGETARIANISM.

DR. B. W. RICHARDSON'S address, delivered at the dinner recently given by the Vegetarian Society at the Health Exhibition, was calculated in some measure to raise the hopes of those who look upon the flesh-pots as an abomination, and the consumers of animal food as guilty of depraved habits. Yet, although the speaker inveighed against the prevailing custom of a too exclusive indulgence in the carnivorous instinct, he discounted much that might have been taken as an advocacy of strict vegetarianism. There were, he said, vast social and commercial problems involved in the question that was now moving a section of the community to effect what they believed to be a reform in our national dietary. We have only to consider for a moment the utter confusion in the order of nature that would ensue on our refusing to resort to the animal world for a part of our sustenance. We are not of those who hold that the length of the intestinal canal is proof that man was never intended to regale himself with the luscious bivalve, or with well-seasoned game. Science teaches that structure and function are very closely connected, and a study of the doctrine of evolution reveals the fact that the anatomy of individual organs is largely dependent upon the work those organs have to perform. John Hunter showed this to be the case by the experimental feeding to which he submitted his tame gull. That the resources of the vegetable world are not drawn upon to anything like the extent that they should be we freely admit. Moreover, there can be little doubt that partial abstinence from, or in other words moderate ingestion of, animal food checks the craving for alcoholic stimulants, and thus proves itself a very desirable condition of life. But to declaim against the abuse of a particular viand is quite consistent with admitting its use. The members of the Vegetarian Society are to be congratulated upon the good they have already done and are still doing, but they must not be disappointed if they find that their arguments do not carry conviction to the minds of all those whom they address, or at any rate to the full extent of their desires.

THE METROPOLITAN ASYLUMS BOARD.

AT an ordinary meeting of the managers of the Metropolitan Asylums District on the 11th inst., the General Purposes Committee reported that one of the small-pox camps at Darenth had been disestablished and one of the hospital ships closed. The committee were of opinion that the time had now arrived when the several infectious hospitals under the control of the Board should be designated "fever hospitals," upon the understanding that at each of such hospitals isolation wards were to be set apart for the reception and treatment of small-pox or other patients, and the remainder of the hospital appropriated exclusively to the treatment of fever patients. The Board endorsed this opinion, and the hospitals will in future be described as fever hospitals. At the same meeting a letter was read from the Local Government Board authorising the managers to raise on loan an additional sum of £1630 for the adaptation of the *Castalia* as a floating hospital, and the finance committee was requested to prepare a return showing in detail the expenditure in the various asylums, hospitals, and camps during the year ended Michaelmas last, together with the daily number of patients and staff maintained, also the cost of maintaining them, the wards, steamers, and ambulance stations during the same period.

THE COSTLINESS OF THE MEDICAL COUNCIL.

IT is always well, in stating the weak points of individuals or bodies, to err in the way of understating rather than of exaggeration. It has been pointed out to us that, in our leading article last week, we have understated the costliness of the Medical Council. We had good authority for our estimate, but we have still higher for the following, which shows that the

Cost per day, on an average, is	£191	14	0
Cost per hour ,, ...	48	0	0
Cost per minute ,, ...	0	16	0

This estimate is taken from a paper of the Registrar, Mr. W. J. C. Miller, published in the Report of the Select Committee. It is calculated from the actual cost of three specified sessions. Thus—

(1) Session of thirteen days (1877) ...	£2204	4	11
(2) Session of three days (1870)	640	0	0
(3) Session of one day (on various occasions)	414	15	0

The cost (3) of one day's sitting includes not only fees for attendance, but travelling expenses, hotel expenses for members not residing in London, &c., which have to be paid, whether the session lasts one day or thirteen.

CARIES OF BASILAR APOPHYSIS.

THE diagnosis of the seat of a coarse lesion of the brain does not give any definite information of the pathological nature of the lesion. In actual practice rare pathological states can hardly be taken into account in considering the probable nature of any case of cerebral disease. M. Suzanne has given a careful account of a case of caries at the basilar apophysis which led to nervous symptoms as the result of compression of the pons Varolii by some inspissated pus, the product of the osseous ulceration. The main symptoms were paralysis of the left side of the face and of both arms and legs. Caries of the basilar apophysis is an unfrequent affection, which is generally attributed to syphilitic disease. The indications of syphilis in the case above referred to were by no means clear. The paralytic symptoms were probably due to combined compression and inflammation, the result of extension, of the pons.

DEVELOPMENT OF SPINAL NERVE CELLS.

AN interesting essay on the formation and development of the nerve cells of the spinal cord of mammals has recently been read by M. Vignal at the Académie des Sciences. The nerve cells begin to make their appearance in the spinal cord of the embryo of a sheep at the period corresponding to the tenth week of intra-uterine life of the human embryo; they are formed by a transformation of the cells which compose the embryonic grey matter. The nerve cells appear simultaneously in this substance in two principal groups; the first is situated at the inner part of the anterior horn, the second at the external margin of the anterior horn. The two groups correspond respectively, in the dorsal part of the cord, to the anterior group and to the lateral group; some other cells may be seen to be irregularly scattered through the anterior horn. At first the shape of the newly formed cells is irregular and variable; they possess long slender processes, which are sometimes bifurcated; their nucleus is large, has a clear well-defined outline, and contains one or two distinct nucleoli. All degrees of change may be met with between the embryonic cell and those just described. At the period corresponding to the fourth month of human fœtal life the cells in the anterior horns are much more numerous; the embryo of the sheep measures ·10 metre in length at this period. The cells of Clarke's vesicular column make their appearance when the embryo of the sheep is ·17 metre in length. A vague striation may be seen in the protoplasm of the cells at the age corresponding to the sixth month of human intra-uterine life; previous to this time the protoplasm has a homogeneous aspect. The striation appears to be due to the granules in the protoplasm having become finer, and arranged in a linear series. Corresponding to the seventh month the striation is more extensive, and becomes so pronounced that excessively fine fibrillæ may be said to exist. The fibrillation is universal in the cells of the anterior horn, and also in their ramifications at the period corresponding to the ninth month; the changes occur at a later period in the posterior horn. At birth the nerve-cells are practically finished in every respect except size, and they never contain pigment granules, which absence would seem to show that pigmentation is a product of degeneration.

ROYAL VICTORIA HOSPITAL, NETLEY.

CONSEQUENT upon the abolition of the appointment of a Military Commandant at Netley, the Horse Guards have issued an addition to the "Queen's Regulations and Orders for the Army" on the subject of the duties connected with the administration of the hospital. The first regulation laid down is that "the Principal Medical Officer, Netley, will be entirely responsible for the discipline and for the general management of the hospital." An Assistant Adjutant- and Quartermaster-General is to be stationed at Netley as representative of the General Commanding the district. His duty will be to report to the corps to which they belong, the arrival and departure of invalids, and all deaths occurring in the hospital, to see that all discharge documents are completed, and to forward them to the proper authorities, to settle all claims, to issue all routes, and to conduct all correspondence with corps not relating to medical subjects. He will be required to visit the hospital frequently, but at such hours as do not interfere with the medical officers, and to report to the General and to the Principal Medical Officer any irregularities he may observe and any complaints made to him which he may not have been able to adjust. "He will, however, never interfere in any way with the arrangements nor give any orders to the orderlies or others employed in the hospital." He is also to be responsible for the military police, for the discipline of all officers and men not patients in hospital or belonging to the Army Staff Corps or nursing establishment, for all military clothing the property of Government, and for the disposal of the effects of soldiers who die in hospital, which are to be handed over to him by the hospital authorities. These regulations appear to provide sufficiently for the military requirements in connexion with the invalids, while they leave the management of the hospital free from non-professional interference.

ALCOHOLIC DRINKS.

OUR contemporary *The Times* has done its best to make amends for the recent publication of an article in which the evils of drinking were extenuated and the uses of alcohol were drawn very large. It has allowed Dr. Alfred Carpenter to contradict it point by point by reporting his paper, delivered at a meeting of the Society for the Study and Cure of Inebriety. Cardinal Manning has been speaking on intemperance at Sheffield with the force which characterises all his public speeches. His address was interesting from a medical point of view, as containing quotations from the sayings of Sir Andrew Clark and Sir Henry Thompson on the immense harm done by drink. Sir Andrew had told the cardinal that in seven out of ten of his hospital patients disease was caused by drink, and in the three others was often aggravated by it. "At last," added Sir Andrew, "I have sometimes said to myself, Shall I not do more for the health of man if I give up the practice of

medicine and go about the country in a crusade to prevent the use of intoxicating drinks?" We trust Sir Andrew will stick to Cavendish-square, and from that pleasant vantage ground continue to "reason of temperance," like a favourite author of his, until a luxurious age begins to be convinced of its errors and to abandon its vices.

POLITICS AND SANITATION IN BELGIUM.

THE constitutional crisis which is disturbing the peace of Belgium gives special interest to the communal elections that are to take place throughout the country on the 19th of this month. Of course it is not our mission to interfere with the political points at issue; but, seeing how the whole national system of education has been disturbed and experienced teachers driven from their posts because they belonged to the opposition, we cannot but view the forthcoming elections with some anxiety. The municipal services in Belgium, but especially in Brussels, are admirably organised so far as the preservation of public health is concerned. In this Brussels is at least fifty years ahead of Paris; and, in some respects, in advance of the best organised towns in England. The *Service d'Hygiène* of Brussels, under the able directorship of Dr. E. Janssens, is a model institution, constantly visited by sanitary reformers from all parts of Europe, and serving as an example in all countries. The mortality tables, the system of disinfection, the methods of superintending, improving and controlling house drainage, the care of sickly children at primary schools, the organisation of the public vaccination office—in all these and many other services the most advanced methods have been employed and excellent results attained. Whatever, therefore, may be the issue of the present political struggle, we trust that the sanitary services will escape all disturbing influence.

YOUNG GIRLS IN LONDON.

SIR ANDREW LUSK spoke a few kind and sensible words in Islington on the 7th inst. in support of the Islington Young Women's Club and Institute. Sir Andrew said there were about 300,000 young women and girls in the warehouses and factories of the metropolis who had few comforts at home and few friends to advise them well and kindly. The young women of the metropolis with questionable taste are showing a tendency to prefer warehouse and factory work to domestic service. They have more liberty in such a career, but less of that discipline and duty of home life which is so good for human nature, especially in its female form. There is all the more need therefore of such institutes as that over which the worthy baronet presided.

THE TREATMENT OF TYPHOID FEVER.

AT the meeting of the German Scientific Association at Magdeburg a paper on the treatment of typhoid fever, based on an experience of seven and a half years—viz., from March, 1877, to September, 1884—was contributed by Professor Ebstein. The total number of cases was 235, and they were treated in the medical clinic at Holstein. The mortality was only 5·5 per cent., reduced to 2·5 per cent. by the exclusion of inevitably fatal cases. The author concludes that the so-called "abortive treatment" with calomel is useful and to be recommended. In the absence of any causal treatment, this can only be symptomatic—i.e., measures based on a consideration of the morbid phenomena and individual conditions. Above all, attention must be paid to judicious dietetic treatment and the maintenance of the nutrition of the patient. The control of high temperatures, even if of long duration, is only called for when they are associated with severe cardiac or nerve symptoms, or when the temperature attains such a height as to threaten life. The principles of treatment enunciated are, says Ebstein, far more satisfactory in practice and in their results than an exclusive adoption of "bath treatment" or other methods of strict antipyresis. Baths he regards as of value for their powerful stimulant action, and he would employ them where other methods seem to be insufficient.

THE HEALTH OF PROFESSOR HUXLEY.

MUCH regret will have been felt in many quarters at the announcement that Professor Huxley has been recommended to leave England for some months of perfect quiet and freedom from work. The position to which Professor Huxley has attained amongst scientific men is the result of severe and long-continued toil, taxing the powers of both mind and body to a very large extent. The preparation and delivery of lectures and addresses, the composition of memoirs to be read before learned societies, the writing of systematic treatises, the supervision of classes pursuing dissections, microscopic work, and physiological investigation, are duties that not only require a very active and versatile mind, but which cannot be discharged by any one man without a very severe strain on his powers of endurance. But Professor Huxley has done much more than this. As the champion of science and a strong advocate of its introduction into schools as a part of the mental discipline of the young, he has had a hard battle to fight with those who cling to ancient modes of thought, and who are unwilling to launch themselves into a surging sea of doubt and difficulty. For some years he was a member of the London School Board, where his knowledge, his earnestness, and the excellence of the objects he had in view, no less than the keenness of his intellect and his ready mother wit, soon taught his antagonists—and they were many at first—that he was a dangerous opponent. Still more recently the duties of President of the Royal Society and Inspector of her Majesty's Fisheries have been added to his other labours. He is about, we believe, to start for Venice, and we are sure the good wishes of our readers will go with him, that he may thoroughly enjoy his well-earned rest, and return perfectly restored to health.

DEATH OF PROFESSOR SOMMA.

TO all who have watched the development of pædiatric studies in Italy, the sad intelligence of the death of Professor Luigi Somma of Naples, the founder and director of the recently established periodical devoted to the study of diseases of children, and entitled "Archivio di Patologia Infantile," will bring feelings of sincere regret and sympathy. A victim to cholera, the scourge which has so devastated the beautiful city in which he lived and laboured, he fell at the post of duty and of honour on Sept. 19th last, in the flower of his age, and in the midst of his philanthropic work.

NOTIFICATION OF DISEASE IN SUNDERLAND.

THE question of Notification of Infectious Disease is being discussed in Sunderland as part of a local Bill. So far as we can gather from the incomplete reports in the local papers, the profession in Sunderland is quite willing that the medical man should act in concert with the responsible householder, and at his request, but is much dissatisfied that the clause of the Bill should have been altered, as it has been, so as to allow anyone, even in a tenemented house, to require the medical attendant to act. We think that the medical men have shown great public spirit in agreeing to act with the householder in a matter in which the latter alone should be held responsible. But it will be intolerable to allow more than one person in the house to claim the action of the medical man. We trust the Town Council will see

the reasonableness of consulting the feelings of medical men in this matter, and will not strain their good nature too far when they show so much disposition, as in Sunderland, to co-operate with the public sanitary authorities. Are we right in gathering from the reports that the Town Council is proposing either to give them no fee, or to cut them off with a shilling fee, for one of the most responsible and troublesome duties that can devolve on liberal-minded men. Surely great communities in using medical men to save them from infection ought to pay a fee which the medical man can accept with self-respect.

THE PAYMENT OF MEDICAL WITNESSES.

THERE can be no doubt that the law regulating the attendance of medical men and the payment of their fees for giving evidence in the courts is exceedingly vexatious. A short time since we drew attention to the anomalous state of affairs as regards the remuneration that a qualified man can claim for the aid he renders to the administration of justice. There is, however, a very distinct principle recognised by the highest legal authorities—viz., that a medical man is compelled under subpœna to testify to facts within his knowledge. Nor does this apply alone to our own profession. Even the Lord Chancellor could be summoned under such circumstances. It is certainly hard that a medical man should be compelled to leave his bed during the small hours of the morning to dress perhaps a cut head received in a common street quarrel, and then because he has given timely succour—it may be without compensation—that advantage should be taken of the knowledge of which he has become unwillingly possessed to compel his attendance as a witness in a county court or before a magistrate. We hold that the courts should have power not only to order a reasonable fee for the witness, but also to enforce the payment of such fee.

MEDICAL AND PHARMACEUTICAL EXHIBITION.

ON Monday last a Medical, Pharmaceutical, and Kindred Professions and Trades' Exhibition was opened at Humphrey's Hall, Knightsbridge. The Exhibition is said to be held in aid of the funds of University College Hospital; and its aim is to bring before the professions and trades concerned, as well as the public, the specialities of each particular class of exhibitors. The exhibit of leading interest was a portable iron hospital, erected by Mr. J. C. Humphreys, of Albert-gate, S.W. The model building is constructed externally of corrugated iron and is lined with wood. It contains a male ward and a female or children's ward; each would accommodate four patients. There are also a matron's room, a kitchen and scullery, with other offices. The cost of the whole would be about £300. Such a building can be constructed in a very short space of time, and there is a corresponding facility in moving it from site to site. We shall on another occasion devote a special article to the various exhibits at this Exhibition, which will remain open till Nov. 12th.

STATISTICS OF CHOLERA IN ITALY.

CONSIDERING the brevity of its duration, according to *La Gazzetta degli Ospitali*, the present epidemic of cholera in Naples has exceeded in severity all previous invasions, including the terrible one of 1837. That was the cause of 13,800 deaths in five months. The first death from cholera in Naples this year occurred on the 21st of August. From that day to midnight, Sept. 30th, the cases numbered 10,957, and 5778 deaths. In the hospitals the recoveries were 1121, the deaths 787. The actual population of Naples is 500,000. At Torre Annunziata 137 deaths occurred in 234 cases. From the 1st to the 30th of September 294 soldiers of the Naples garrison were attacked with cholera, 134 of them fatally. The mean mortality was 42 per cent. In the aristocratic quarter of Chiaja, during the whole of September 162 deaths occurred amongst 252 cases of cholera. By far the greatest number of victims were women. The municipality distributed 12,573 shirts, 14,505 sheets, 5484 blankets, and 1109 mattresses. The money contributions to the City relief fund amounted to £22,010, and to the White Cross Society £4822.

THE ALBERT MEDAL.

THE Albert Medal of the Second Class has been conferred on William Macgregor, M.D., C.M.G., chief medical officer and receiver general, Fiji, for having at the imminent risk of his own life rescued from drowning the captain and a passenger of the emigrant ship *Syria*, which on May 11th was stranded upon the Nasalai reef, some twenty-three miles to the eastward of Suva, Fiji. It is stated that but for the energetic, able, and cool way in which Dr. Macgregor led the relieving party, the loss of life, which was great—fifty-nine in all—must have been appalling.

M. GAVOY'S STETHOSCOPE.

AT a recent meeting of the Académie de Médecine, M. le Baron Larrey gave in a sealed letter containing a detailed description of a new form of stethoscope invented by M. Gavoy. The instrument is stated to be a telephone in miniature. The thoracic sounds, pulmonary or cardiac, are said to be amplified without being exaggerated by its means; the quality of the auscultatory signs is also believed to be unaltered.

MICRO-ORGANISMS AND DISEASE.

WE are pleased to find that Dr. Klein has published in book form the chapters on micro-organisms and disease which for the past few months have formed so attractive a feature of our contemporary, the *Practitioner*. The book ("Micro-organisms and Disease," Macmillan and Co, 1884) is very handy and compact, and abounds in illustrations, nearly all of which are original.

"GAYTHORNE HALL" is the title of a novel lately issued. It is the product of the fertile pen of a London physician, whose medical writings are well known for their original and vivacious character. The novel is a political one, dealing with the times of the Chartists, and the scene is laid in the North Country, where its author was, we believe, born and bred. The story told is not wanting in elements of sensation, but the author is to be commended for the care with which he has adhered to the historical facts that give the book a value and interest often lacking in fiction. It is dedicated to Oliver Wendell Holmes, of all medical men the foremost amongst those who have enriched general literature.

A DINNER for the reunion of old past students of the Meath Hospital and County Dublin Infirmary will be held on Monday, November 3rd, at the Shelbourne Hotel, at seven o'clock; William Moore, M.D., President of the King and Queen's College of Physicians, will preside. Mr. L. Hepenstal Ormsby, F.R.C.S., 4, Merrion-square West, Dublin, is honorary secretary.

THE American Academy of Medicine will hold its ninth annual meeting on the 28th and 29th inst. at the Johns Hopkins University, Baltimore, under the presidency of Dr. Benjamin Lee. The list of papers to be read include subjects of great practical interest to the medical profession throughout the world.

DURING the past fortnight over one hundred cases of typhoid fever have been reported at Derby. The fever ward at the infirmary is full, but it is stated that during the past few days the outbreak has slightly abated.

DR. WILSON FOX read a most interesting and practical paper on the treatment of pneumonia at the annual meeting of the University College Medical Society on Wednesday night last.

DR. PARSONS, on behalf of the Local Government Board, has paid a second visit to Kidderminster for the purpose of thoroughly investigating the cause of the recent epidemic of enteric fever.

THE Gulstonian Lectures for 1885 will be delivered at the College of Physicians by Dr. Osler of Philadelphia; the Croonian by Dr. Herman Weber; and the Lumleian by Sir Andrew Clark.

SIR JOSEPH LISTER, Bart., is announced to read a paper at the opening meeting of the session of the Medical Society of London on Monday next.

THE

BIOLOGICAL LABORATORY AT THE HEALTH EXHIBITION.

No. VI.

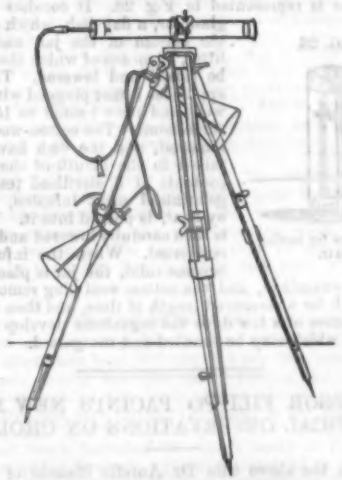
CULTIVATING MEDIA—(*continued*).

Gelatinised Meat Infusion may be used in a variety of ways. The modes of preparing test-tube cultivations and slide cultivations are described in the footnote on pp. 251 and 252 in THE LANCET of Aug. 9th. It may also be used for obtaining pure cultivations of different kinds of bacteria occurring in a fluid.

The way in which this is done may be illustrated by the method of *testing water*. The contents of a tube of the infusion which has been rendered sterile by steaming are gently heated to the melting-point. Some of the water to be tested is then drawn up into a pipette which has been sterilised by heat, and a drop is allowed to fall into the test-tube, the cotton-wool plug being removed for the purpose. (It is important in estimating the number of organisms in different specimens of water to use the same pipette throughout, or to measure the volume of the drop, in order that the amount of water added may be the same in each case.) When the drop has been added the tube is briskly shaken, so that the water may be thoroughly mixed with the infusion, and the contents are then poured out on the surface of a sterilised glass plate[1] (about 5 in. by 6 in. in area), which has been previously placed at the bottom of one of the flat glass dishes described above. In order that the liquid may not run off the plate it is made level by means of a levelling stand, on which the dish is supported, and a spirit level. When the infusion has been poured on the plate the cover of the dish is replaced, and the whole is allowed to stand. In the course of a day or two, the period varying with the temperature, there appear dotted about in the thin layer of solid gelatinised infusion the colonies formed by the multiplication of the organisms which were contained in the drop of water. These may be recognised by their naked-eye characters, assisted if necessary by microscopical examination and further cultivation. In this way the number and nature of the organisms present in a sample of water may be estimated and ascertained. In order to obtain a pure cultivation of an organism occurring among a number of others, the method is exactly the same, cultivations being made from the colonies which appear. Each of these consists of only one form, as the organisms are separated from one another when the drop is shaken up with the gelatinised infusion to which it is added.

The gelatinised meat infusion is also employed in the methods of testing air. With Dr. Hesse's apparatus (Fig. 25) the bacteria contained in a measured quantity of

FIG. 25.



Dr. Hesse's apparatus for testing air.

air are examined. It consists of a wide glass tube, which is supported on a portable stand, and an apparatus for sucking air through the tube. One end of the tube is closed by two indiarubber caps. The inner cap is perforated in the centre by a hole about three-eighths of an inch in diameter. The outer cap is not perforated, and covers the inner one. Into the other end fits a caoutchouc stopper, which is pierced by a piece of glass tubing, and this is connected by an indiarubber pipe with the upper of two flasks, which are attached to the stand, and constitute the apparatus by means of which air is sucked through the tube. The flasks are similar to one another. They are of one litre contents, and the mouths are closed by caoutchouc stoppers perforated by two glass tubes. One of these tubes is short, and the other reaches to the bottom of the flask. The indiarubber pipe mentioned above passes to the shorter of the tubes, piercing the stopper of the upper flask. Another pipe connects the long tube of the upper with the long one of the lower flask. In preparing the apparatus for testing air the wide glass tube is removed from the stand and the indiarubber pipe is disconnected from it, the tubing piercing the stopper being plugged with cotton-wool. A quantity of gelatinised meat infusion is then introduced into the tube and made to flow about until the whole of the interior is wetted by it. When this has been done the tube, with both the caps adjusted, is placed in the steaming box and steamed for half an hour on three days in succession, in order to sterilise it. As the infusion is solidifying after the third steaming, the tube is rotated about its long axis, so as to line the interior with a layer of the infusion. In using the apparatus the tube is placed on its stand, the cotton-wool plug withdrawn from the glass tubing, and the indiarubber pipe fixed thereon. The upper flask is then filled with water till it contains one litre. The apparatus having been placed in the air to be tested, the outer of the two caps closing one end of the wide tube is removed, and the upper flask is tilted until the water flows into the lower one. When once the flow has commenced the syphon arrangement of the tubes causes it to be continued, and air is by this means drawn through the tube to replace the water in the upper flask. Any bacteria in the air are carried against the gelatinised infusion on the sides of the tube, and there stick. When the upper flask is empty, the flow may be re-established by reversing the position of the flasks. The rate of the flow may be regulated by a screw-clamp attached to the indiarubber pipe between the tube and the upper flask. In this way any quantity of air may be made to pass through the

[1] The glass plates for this purpose are placed in a sheet-iron box and then heated for three hours to 150° C. They are kept in the box until they are used.

tube. When sufficient air has passed the outer cap is replaced, and the tube may be dismounted and set aside. In the course of a few days colonies of different kinds of organisms spring up in the gelatinised infusion, resulting from the multiplication of those contained in the air. These may then be counted and recognised.

A simpler but less accurate method is to expose a dish of gelatinised infusion to the air for a measured length of time, so as to allow the falling dust to settle on it. The apparatus is represented in Fig. 26. It consists of a tall glass jar, a flat dish, which can lie at the bottom of the jar, and a brass lifter, by means of which the dish can be raised and lowered. The whole apparatus is first plugged with cotton-wool and then heated to 150° C. for three hours. The cotton-wool is then removed, and the dish having been raised to the mouth of the jar, the contents of a sterilised test-tube of gelatinised meat infusion, liquefied by heat, is poured into it. The dish is then carefully lowered and the plug reinserted. When the infusion has become solid, the jar is placed in the air to be examined, and the cotton-wool plug removed from the mouth for a measured length of time, and then replaced. In the course of a few days the organisms develop and form colonies, which may be counted and recognised.

FIG. 26.

Apparatus for testing air.

PROFESSOR FILIPPO PACINI'S NEW MICROSCOPICAL OBSERVATIONS ON CHOLERA.

UNDER the above title Dr. Aurelio Bianchi of Florence has just collected and published some manuscript observations made by his late teacher during the cholera epidemic which prevailed in Florence in 1855. The editor claims that Pacini was the first who instituted microscopic researches with a view to discover the nature of the Asiatic plague, and that he described with much precision and truth, under the generic name of vibrio, the organisms now known as microbes.

The discoverer of the Pacinian bodies deservedly established such a reputation amongst the original observers of his age, that special interest must be felt in Dr. Bianchi's small volume just issued (with the imprint 1885), by Vallardi of Milan. Having been favoured with an early copy, we purpose giving a summary of its contents, with a reproduction of some of the illustrations, so that our readers may form a just idea of the author's descriptions.

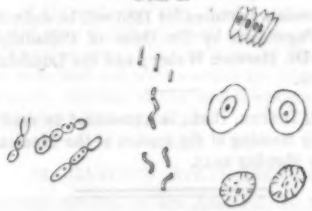
In a prefatory letter which Pacini addressed Sept. 12th, 1855, to Professor G. B. Ercolani of Bologna, he insists that it is no use searching for the specific cause of cholera in the excreta; but it must first be sought in the mucous membrane, the superficial destruction of which is the *pathological condition* of cholera. After the mucous membrane observations may be profitably instituted in the excreta, in the air, and in potable waters.

The first observations were made on the cadaver of M. G——, aged sixty, who died of Asiatic cholera in Florence, Feb. 12th, 1855. The attack lasted nineteen hours. The body was greatly emaciated and slightly cyanotic towards the extremities and the head. The right ventricle of the heart contained a loose fibrinous clot, with some black and almost pitchy blood. The stomach was nearly empty, but the small quantity of fluid which it contained was preserved. The intestines presented a livid red colour; the liver was greatly enlarged. The small intestines were almost completely empty, their inner surface almost wholly covered with mucus, but here and there could be seen the villi, of a scarlet-red colour and denuded of epithelium. The colon also was nearly empty. The parts submitted to the microscope were a small quantity of blood, the fluid from the stomach, and the small and large intestines, a piece of the anterior wall of the stomach, a portion of the small intestine about its middle, also its inferior extremity, the cæcum and its appendix.

These parts were placed in the following preserving solutions:—The blood in acetic acid 1, sublimate 2, glycerine 34, water 792·6; the fluid of the stomach, the small and large intestine in sublimate 1, salt 5, water 300; a part of the fluid of the colon in acetic acid 1, sublimate 2, glycerine 34, water 1000; another part of the fluid of the colon in sublimate 1, acetic acid 2, glycerine 17, water 500. Finally, pieces of stomach, small and large intestine, in sublimate 1, salt 5, water 300; and a small portion of the small intestine in sublimate 1, acetic acid 2, glycerine 17, water 500.

On comparing the blood with healthy blood treated in the same manner, the microscopic appearances were not different. In the fluid from the stomach were (1) a large number of torulæ cerevisiæ; (2) in the mucus attached to the walls of the stomach were small masses of sarcina ventriculi, but none were found free in the fluid; (3) an immense quantity of vibrios, also found in the small and large intestines (fig. 1 represents the three appearances just referred to);

FIG. 1.



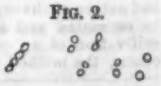
(4) small needle-formed bodies or spiculæ, like small elongated naviculæ, which were perfectly rectilinear and pointed; they strongly reflected light, but their motility could not be certified; in length they varied from 0·030 to 0·040 mm.; (5) epithelial cells from the stomach, in small quantity and much altered; (6) some epithelial cells from the mouth or œsophagus, with vibrios attached to them. In the mucus from the stomach the microscope displayed granular globules and cylindrical cells; also some masses of sarcina and a very large number of vibrios. A large quantity of vibrios was also found in a portion of the mucous membrane.

Of the vibrios met with in the fluids of cholera subjects Pacini gives (pp. 18, 19) the following description:—"Under a strong magnifying power (800 to 1000 diameters) these vibrios closely resemble a fragment of a fibril of a striated muscular fibre. In fact, every vibrio is represented by a series of exceedingly small globules, almost always perfectly distinct under that magnifying power, but sometimes a little less distinct. The smallest of these vibrios are formed of two or three globules; those of only one globule cannot be distinguished from other molecules of equal size. I have also found some formed of more globules, even as many as twelve or eighteen. When they are formed of six or seven globules they are not perfectly rectilinear, but slightly curved. Those formed of ten or twelve globules are, as a rule, slightly bent, in S or other shape.

Vibrios in which the globules are not very distinct are almost perfectly rectilinear. Perhaps the formation in globules and flexion is a commencement of division. One of these vibrios of four globules was 0·005 mm. long, and the diameter of these globules was a little less than 0·001 mm. The granular masses which are found in the ejecta, if transparent, may be recognised as masses of vibrios."

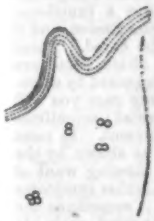
In order to examine with more accuracy the finest vibrios, Pacini caused the liquid to evaporate after it had been obtained from the mucous membrane. The vibrios were then specially evident, but they presented the following varieties, being all of the same diameter:—From 0·0005 to $\frac{1}{1000}$ mm. Some were in the form of a simple fine line 0·006 mm. in length. The greater part, however, seemed formed of two slightly lengthened globules, and which sometimes were a little pyriform—that is, a little thicker at one end than the other. Of these also he saw a chain of four, as in Fig. 2, but the greater part were simply coupled, and thus united had a length of a little less than 0·002 mm. There were also an infinity of small isolated globules, which probably resulted from the division of the preceding. Sometimes the division of two globules was indistinct, and only indicated by a slight constriction, so as to give the appearance of a line

FIG. 2.



about 0·002 mm., and slightly narrowed in the middle and swollen at the ends. At other times these small globules were round rather than pyriform, and either isolated or united in twos and threes. Usually in the latter case the middle one was the smallest. At other times Pacini has seen some of these molecules which were lengthened and cylindrical and about 0·0015 mm. in length, but with a very slight indication of division in the middle. It is probable that all these varieties were only differences in development. When dried, the larger and more refracting globules referred to above disappeared.

FIG. 3.



In the vomit of another cholera victim were found an immense quantity of vibrios, which resembled the *vibrio-rugula*. Some filaments had the appearance of an alga. (Fig. 3.) The detailed clinical and microscopical observations which constitute the remainder of the monograph are substantially confirmatory of the preceding ones.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

During the week ending the 11th inst., 5322 births and 3319 deaths were registered in twenty-eight of the largest English towns. The annual rate of mortality in these towns, which had been 19·1 and 20·1 per 1000 in the two preceding weeks, declined to 19·8 last week. During the thirteen weeks of last quarter the death-rate in these towns averaged 22·8 per 1000, against 20·6 and 19·9 in the corresponding periods of 1882 and 1883. The lowest rates in these towns last week were 10·9 in Halifax, 14·9 in Birkenhead, 16·2 in Bradford, and 16·5 in Portsmouth. In the other towns the rates ranged upwards to 26·0 in Leeds, 26·2 in Preston, 30·9 in Sunderland, and 31·6 in Blackburn. The deaths referred to the principal zymotic diseases in the twenty-eight towns, which in the seven preceding weeks had declined from 1311 to 548, further fell to 477 last week; of these, 222 resulted from diarrhœa, 76 from "fever" (principally enteric), 54 from scarlet fever, 47 from whooping-cough, 38 from measles, 31 from diphtheria, and 9 from small-pox. These diseases caused the lowest death-rates in Halifax and Birkenhead, and the highest in Derby, Newcastle-upon-Tyne, and Leeds. The highest rates of mortality from scarlet fever were recorded in Newcastle-upon-Tyne and Cardiff; from measles in Bolton and Preston; from whooping-cough in Sunderland; from "fever" in Salford and Derby; and from diarrhœa in Birmingham, Sunderland, and Hull. The 31 fatal cases of diphtheria in the twenty-eight towns included 16 in London, 3 in Liverpool, and 3 in Leeds. Small-pox caused 9 deaths in London (excluding 2 London cases registered outside Registration London). The number of small-pox cases in the metropolitan asylum hospitals situated in and around London, which at the end of the two preceding weeks had been 536 and 533, further declined to 504 on Saturday last; the new cases admitted were 68, against 129 and 106 in the two previous weeks. The deaths referred to diseases of the respiratory organs in London, which had been 162 and 182 in the two preceding weeks, further rose to 227 last week, but were 54 below the average. The causes of 71, or 2·1 per cent., of the 3319 deaths registered last week in the twenty-eight towns were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Portsmouth, Bristol, Leicester, Oldham, and in eight smaller towns. The largest proportions of uncertified deaths were recorded in Wolverhampton, Preston, and Sheffield.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 23·0 and 21·1 in the two preceding weeks, rose to 22·8 in the week ending the 11th inst., and exceeded by 3·0 per 1000 the mean rate during the same period in the twenty-eight large English towns. In the Scotch towns the rates last week ranged from 13·3 and 18·3 in Leith and Dundee to 25·9 in Paisley and 27·8 in Glasgow. The 551 deaths in the Scotch towns included 32 which resulted from diarrhœal diseases, 21 from "fever," 20 from measles, 20 from whooping-cough, 15 from diphtheria, 12 from scarlet fever, and not one from small-pox; in all, 120 deaths were referred to these principal zymotic diseases, against 131 and 137 in the two previous weeks. These 120 deaths were equal to an annual rate of 5·0 per 1000, which exceeded by 2·2 the average rate from the same diseases last week in the twenty-eight towns. The deaths referred to diarrhœa, which in the two previous weeks had been 52 and 56, declined last week to 32, of which 15 occurred in Glasgow and 6 in Edinburgh. The 21 fatal cases of "fever" exceeded by 7 the number in the preceding week, and included 16 in Glasgow. The 20 deaths from measles showed a further increase upon those returned in the two previous weeks; 11 occurred in Aberdeen and 8 in Glasgow. The 20 fatal cases of whooping-cough showed a slight increase, and included 13 in Glasgow. Of the 15 deaths from diphtheria, 8 were returned in Glasgow and 3 in Aberdeen. The 12 fatal cases of scarlet fever all occurred in Glasgow. The deaths referred to acute diseases of the respiratory organs in the eight Scotch towns showed an increase, but were considerably below those returned in the corresponding week of last year. The causes of 100, or more than 18 per cent., of the deaths in the eight Scotch towns last week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which in the two preceding weeks had been 30·2 and 26·3 per 1000, rose to 28·8 in the week ending the 11th inst. During the thirteen weeks of last quarter the death-rate in the city averaged 25·4 per 1000, the rate during the same period being 20·9 in London and 17·0 in Edinburgh. The 194 deaths in Dublin last week included 32 which resulted from the principal zymotic diseases, against 36 and 49 in the two previous weeks; of these, 15 were referred to diarrhœal diseases, 11 to scarlet fever, 4 to "fever," and 2 to whooping-cough. These 32 deaths were equal to an annual rate of 4·8 per 1000, the rate from the same diseases being 1·9 in London and 2·3 in Edinburgh. The fatal cases of scarlet fever, which had been 11 and 7 in the two previous weeks, rose again last week to 11. The deaths from "fever," which had increased from 1 to 8 in the three preceding weeks, declined to 4 last week. Eleven inquest cases and 5 deaths from violence were registered in the city during the week, and 43 deaths occurred in public institutions. The deaths of infants showed a slight decline, while those of elderly persons considerably exceeded the numbers in recent weeks. The causes of 31, or nearly 16 per cent., of the deaths registered during the week were not certified.

THE SERVICES.

ADMIRALTY.—The following appointments have been made:—Staff Surgeon John Kelly Conway, to the *Himalaya;* Surgeon Thomas Lyle Horner, to the *Dreadnought;* Surgeon Geo. Despard Twigg, to the *Mallard;* Surgeon Alex. John J. Johnston, to the *Dreadnought;* Staff Surgeon Richard W. Coppinger, M.D., to the *Nelson;* Staff Surgeon Horace E. Y. Cross, to the *Diamond;* Staff Surgeon Valentine Duke, M.B., to the *Vernon;* Staff Surgeon Robert W. Biddulph, M.B., to the *Duncan;* Surgeon James L. Smith, M.B., to the *Starling;* Surgeon William W. Jacobs, to the *Asia;* Surgeon Henry G. Strickland, M.B., to Plymouth Hospital; Surgeon George Y. Dean, M.B., to the *Achilles;* Surgeon John P. J. Coolican, to the *Minotaur;* Surgeons Robert A. Simpson and Francis J. Lee, to the *Nelson;* Surgeon Edgar Ralph Disney, to the *Diamond;* Charles Dundee to be Surgeon and Agent at Whitehead and Hillsport; William Stewart, M.B., to be Surgeon and Agent at Kirkwall, N.B.; John W. Wood to be Surgeon and Agent at Ramsey, Isle of Man.

ARTILLERY VOLUNTEERS.—1st Lancashire: Surgeon and Honorary Surgeon-Major Henry Hulme has resigned his commission.—1st Caithness: William John Henderson-Sinclair, Gent., M.B., to be Lieutenant.

RIFLE VOLUNTEERS.—1st Isle of Man: Albert Primrose Wells, Gent., M.A., to be Acting Surgeon.—2nd Volunteer Battalion (the York and Lancaster Regiment): Acting Surgeon William Makeig Jones resigns his appointment.

Correspondence.

"Audi alteram partem."

SMALL-POX AND BLINDNESS.

To the Editor of THE LANCET.

SIR,—Within a month I have seen at University College Hospital, and at the Moorfields Eye Hospital, three cases in which, in addition to very deep scarring of the face, the sight of both eyes has been completely and irretrievably lost from recent attacks of small-pox. In two of the cases vaccination had not been performed, and in the third there were only three slight, almost inappreciable, vaccination marks on the arm. The unvaccinated cases were children about eleven years of age; the other case was a man aged twenty-nine years. Each case has its own peculiar lesson, but taken as a group the three cases are very significant and instructive. In only one was non-vaccination deliberate and culpable; in the other vaccination had been attempted but did not "take," and was not repeated. The circumstances of the case in which vaccination was wilfully omitted are noteworthy, and afford a striking proof of the malignancy of small-pox uninfluenced by vaccination, of the modifying influence of vaccination, even where it fails to afford complete protection, and, lastly, of the necessity of revaccination. The victim was a boy aged eleven years, the second of four children, and the only one in the family who had not been vaccinated. The other children had all been vaccinated in infancy, but in the case of this boy "the father objected" for some unexplained reason. Both parents were vaccinated in childhood and have not had small-pox. Last June the eldest child, aged about thirteen years, took small-pox, but "had it very slight; only queer about a week"; then the third child was seized, "it was only a bit queer for about a week," and then the second child (my patient) took it and was very ill and is now totally blind from collapsed and shrunken globes. The youngest child, aged seven, and therefore vaccinated within seven years, escaped altogether though exposed to the contagion for a period of many weeks. These "facts" speak for themselves. As showing the kind of mind that has an affinity for anti-vaccination arguments, I may state that the father of the child subsequently called at the hospital to tell me that he had "great hopes of his boy's sight even yet," and in reply to a question said "that some women were curing him by bathing the eyes."

I am, Sir, yours truly,

Harley-street, W., Oct., 1884. JOHN TWEEDY.

"BICYCLE RIDING AND PERINEAL PRESSURE: THEIR EFFECT ON THE YOUNG."

To the Editor of THE LANCET.

SIR,—Dr. Allbutt in his letter of September 27th says, "There are many men who have been great cycle riders from the times of the old 'dandy horse' to the present period, and are in the enjoyment of remarkably good health, both of mind and body." To this there are two answers—viz., that given by Dr. Strahan in his letter of Oct. 4th: that those in question commenced riding the modern machines at an adult age, and it was chiefly to the growing youth that our theories applied; and my own answer, that it is logically impossible to prove a universal rule by adducing particular instances.

Dr. Boothroyd says: "With regard to the spinal shocks made much of by Dr. Strahan, their influence is of a still more hypothetical nature." It is only quite recently that we have begun to study and understand the true nature of functional nervous diseases, yet it is already a fact well established and known to those who have much experience in the treatment of nerve-troubles that continued longitudinal vibrations communicated to the spinal cord are very injurious, and frequently set up a peculiar condition termed neurasthenia. In fact, so well is this a recognised fact that a special name has been coined, and these cases are commonly called "railway spine," particularly in America, from excessive travelling being the most frequent cause. Up to quite recently these cases were entirely misunderstood and classed as cases of dyspepsia, hypochondria, hysteria, &c. I have no hesitation in saying that in these days of competition for a livelihood and of competitive examinations, neurasthenia is really one of the commonest and most important complaints that we have to treat. Important, because a functional nerve trouble so frequently precedes an organic lesion, and if recognised in the first stage can so often be cured. These cases of railway spine—or as we shall, I am afraid, soon have to call them cyclist's spine—can be easily diagnosed by attention to the following points. In nearly every case you will find an increase in the quantity of urea excreted; sometimes as much as twenty grains per ounce is present. In most cases the secondary rise in the pulse trace as shown by the sphygmograph is nearly or quite absent, showing want of tone of the vaso-motor system of nerves, and other symptoms are generally present, such as flatulence; sometimes the stomach becomes enormously distended with wind, probably from some impairment of the functions of the vagus nerve, gastralgia, melancholy, feeling of "clutching" at the throat, with occasionally agarophobia and claustrophobia. No doubt dyspepsia is always present, but it is secondary, and caused by the nerve trouble. These cases recover readily by the use of nerve tonics, such as valerianate of soda, hypophosphite of soda, &c. Such being the case, and seeing how easily this disease may be referred to some cause other than cycling, when the physician has never dreamt that the latter was even capable of producing such a state, and consequently never thought of asking the patient whether he rode a machine, can we logically say that because up to the present time not many cases have been observed and traced to their true source, they are really very few in number? On the contrary, I believe that now the attention of medical men has been directed to the subject, and they know what to look for, we shall hear of many cases of neurasthenic dyspepsia among cyclists.

But however badly the present machines may vibrate, we are threatened with a great aggravation of the evil in the immediate future. The tricyle, like other things, arrives at its final form by a process of evolution. Its wheels are becoming smaller, but are made to revolve faster by a method of chain gearing. This is called, technically, "gearing up." Of course, the smaller a wheel is, the greater number of shocks are given in travelling a given distance at the same speed. This principle has been this year applied to bicycles, and one called a "safety" produced. Owing to the successful result of a race recently run on the latest of these, there is every probability of the market being inundated with several makes of these early next year, in some of which, I am informed, the principle has been carried to a very great excess, and the wheels made extremely small, with the effect of enormously increasing the number of shocks per second. If the makers ever succeed in producing a saddle and spring which will minimise the vibrations reaching the trunk, there will be still left those proceeding from the steering-handle of the machine to the hands and arms of the rider, and which I am inclined to think may be found to be even more disastrous in their results than the former. I have been informed by cyclists, and have myself observed, that in riding rough roads the vibration of the handle-bar has produced sensations like slight electric shocks in the hands and forearms. Now, although there may not have been much damage done by the comparatively slow vibrations of the present machines, yet when we come to the universal use of the small-wheeled "safety," doing one hundred miles in a little over seven hours, over rough roads, with its enormously quicker rate of vibrations, we may expect to see soon some tangible results.—Yours faithfully,

GEORGE HERSCHELL, M.D. Lond.

Moorgate-street, Oct. 6th, 1884.

To the Editor of THE LANCET.

SIR,—Will you allow me, as a practical bicyclist with considerable experience both of cycles and cyclists, to make a few remarks on the letters of Dr. Strahan, and others, on this subject. I quite agree with Dr. Strahan that attention requires to be drawn to the excessive use of bicycles by young growing boys, so many of whom ride bicycles too big for them, and with improperly constructed saddles. I beg, however, to entirely disagree with his opinions on the ordinary bicycle saddle, the manner in which it is sat upon, and the pressure it exerts on the perineum. He says, "The

bicycle saddle is reduced to the smallest possible limit," that "it is just wide enough posteriorly to cover the ischial tuberosities, and it tapers off quickly to a long narrow horn in front on which the perineum rests;" but I hold, on which the perineum ought not to, and in the majority of bicycle saddles does not, rest. I maintain that a properly constructed bicycle saddle is an ideal seat, there being just as much as is necessary to sit comfortably upon, and no more. The anterior horn might be done away with if it were not for its use in fastening the saddle to the machine and keeping it steady in its place. In a properly constructed saddle the posterior part on which the ischial tuberosities rest ought to be as high as, or a little higher than, the level of the anterior narrow part. It should not, however, be curved up so much behind as to cause the tuberosities to slip forwards, such as is the case in some saddles on light racing machines. The anterior narrow part should rest on, and be closely applied to, the spring of the bicycle, and should not project or turn upwards at all. These conditions are fulfilled in the well-known and widely used "suspension saddles," and in the majority of saddles supplied with good class machines. Now, as to the manner a bicycle saddle is sat upon, I find by testing it when riding that when in an upright position there is a space of nearly two fingers' breadth between any part of my saddle and my perineum, and when leaning forwards going up hill there is still over one finger's breadth between. When leaning forwards the ischial tuberosities are not, as Dr. Strahan says, raised from the saddle at all, but a portion of the tuberosities, slightly more anterior than when in the upright position, is pressed upon. The only exception to this is when, by pulling on the handles, the whole body is raised up off the saddle and the whole body weight thrown on the descending pedal—standing on the pedals in fact, a method adopted by many good bicyclists when riding up a long incline, in order to save by the use of the weight an unnecessary expenditure of muscular energy. I find that when sitting on the saddle the tip of the anterior horn of the saddle is 4 in. in front of the origins of my long adductor muscles, and that therefore the anterior horn, which is only 3½ in. long, is entirely untouched by me.

Dr. Strahan imagines the leg is vertical when extended, and that therefore a properly made saddle, as suggested by Dr. Herschell, is impossible. Now, although it may be the case on some tricycles, yet the leg cannot be quite vertical when extended on the pedal, as the portion of the saddle sat upon is at least nine inches behind a vertical line drawn from the centre of the wheel.

With regard to Dr. Herschell's two cases, I would suggest that the stricture in the youth was due to an injury caused by slipping when getting on, or to his racing machine being too big for him; and that the stricture in the middle-aged man had some predisposing cause, or was due to his riding with his tricycle saddle raised too high or improperly inclined back.

I quite agree with Drs. Allbutt and Boothroyd that the healthy, vigorous out-door exercise of cycling acts as an anaphrodisiac, which more than counteracts the effects of any local excitation, if there be any, which I doubt. The influence of the "spinal shocks," so often talked about, is quite theoretical. On an ordinary road these shocks do not have any effect; if they did, they would cause nervous exhaustion on a long ride, which we find is not caused. The jolts, although perhaps more numerous, are much less than on horseback. What horseman, even with a change of horses, could ride a hundred miles a day for several consecutive days, a comparatively common feat on a bicycle—as, for instance, the distance of 930 miles, from Land's-end to John-o'-Groat's, ridden by two bicyclists, one doing it in 6 days 23 hours, the other in 6 days 21 hours?

I am, Sir, yours truly,

GEORGE B. BATTEN, M.B., C.M.,
Late Sub-Captain, Edinburgh University Cycling Club.
Fife and Kinross District Asylum, Cupar, Oct. 6th, 1884.

"THE EXAMINATION OF SURGEONS-MAJOR."

To the Editor of THE LANCET.

SIR,—Almost invariably I allow anonymous communications to pass unnoticed, for the reason that I consider a writer who lacks the courage of his opinions sufficient to permit of his putting his name to his writings is beneath the notice of ordinary straightforward men. To this rule I am now reluctantly constrained to make an exception, as some unknown quantity, behind a shield of "X. Y. Z." has written to you in your issue of the 4th his views and opinions of my letter to you upon the subject of the examination of surgeons-major. Those views and opinions might be silently ignored in consideration of their innocuous imbecility, were it not that, in addition to his own ideas, "X. Y. Z." attributes to me criticisms upon the *Army Circular* of August 1st, 1884, to which I desire emphatically to disclaim any authority. I am supposed by your correspondent to look upon the knowledge of operative surgery and the practice of medicine in the minds of surgeons-major as parallel with the knowledge on the part of lieutenant-colonels of the goose-step. I expressed myself to the effect that questioning the knowledge of surgeons-major in operative surgery and practical medicine was parallel with questioning the knowledge of lieutenant-colonels of the goose-step. The fact of examining men in a subject implies a doubt as to their knowledge of the same; it is against this doubt that I protested. "X. Y. Z." is erratic in his mention of promoting surgeons-major from "executive to administrative rank," the rank of brigade surgeon being strictly speaking executive. He is also erratic in suggesting that surgeons-major should follow my example by taking the F.R.C.S.I., as no such suggestion or option appears in the circular connected with surgeons-major over twenty years' service. Your correspondent remarks that "it seems to be intended," &c. He can form his own opinions as to what "seems to be intended," without very materially altering those of many who are interested in the design and purport of the circular. Again, "X. Y. Z." informs us that "the Director-General does not seem," &c., and that "the Director-General appears to be perfectly satisfied with the qualifications to be obtained from any of the recognised colleges." If so, somebody ought to mention the fact, as it no where appears in the circular. Is there a germ of the mushroom growth, of which I have already spoken in this sudden inspiration, of what "seems" and "appears" to take place in the minds of those occupying "high places" in the department? I am perfectly aware of the circumstance to which "X. Y. Z." alludes with regard to medical officers of the German Army, although I am at a loss to understand what "middle-aged German medical officers" have to do with my previous letter to you. I could congratulate your correspondent upon his great-mindedness, evinced by his facility for being "amused," were it not that his hilarity has, unfortunately for me, enticed him into wandering far from the meaning and expressions of my letter, and towards the apparently very cloudy regions of his own inventions. His letter, however, satisfactorily elicits one fact—viz., that an examination in the goose-step would be superfluous, at all events for him, so far as a doubt could be entertained of his capacity for treading in those steps. I do not intend to take further notice of anonymous communications, but should "X. Y. Z." be desirous of addressing me, and if he will do so above his name, I shall have much pleasure then in endeavouring to reduce my phraseology commensurate with his capacity.

I am, Sir, yours, &c.,

Oct. 6th, 1884. W. J. WHEELER.

*** This letter was unavoidably crowded out of our last issue.—ED. L.

"THE BEQUEST OF SIR ERASMUS WILSON."

To the Editor of THE LANCET.

SIR,—Just before reading Dr. Wilks' letter relative to Sir Erasmus Wilson's legacy to the College of Surgeons of England, I had been reading Sir Charles Bell's letters published in 1870. From one dated Jan. 1831, I send you the following quotation:—"I told you, I think, of my election into the Council of the College of Surgeons (1830). There have been three meetings since I was a member, but I restrained myself for two that I might not be too forward, and that I might comprehend fully what the College was about and how situated. Yesterday I opened upon them, and drew a picture of their situation, their array of talent, their museum, their library, then declared their inattention in not demanding a control over these institutions. I showed what these institutions were, and how they would encroach on their ancient establishment, and concluded with a hope that they would institute such courses of lectures as would extend their influence and maintain their preponderance."

I am, Sir, yours obediently,

Oct. 1884. SPES.

NEWCASTLE-ON-TYNE.

(From our own Correspondent.)

NEWCASTLE HOSPITAL SUNDAY FUND.

THE annual meeting of our Hospital Sunday Fund having been held here on Tuesday last enables me to send you further and more exact particulars as to the work of this now well-established effort for the past year. The collections were: churches and chapels, £2172 1*s.* 10*d.*; factories and workshops, £1953 18*s.* 11*d.*; the total showing an increase of £294 4*s.* 3*d.* over the collections of the previous year. It was mentioned with satisfaction by the committee and some of the speakers, that for the first time in the history of the fund the collection had passed £4000, while the total amount collected for the fund since its establishment in 1870 was £44,000. The trade depression at present prevalent in Newcastle would, it was to be feared, increase the demands on our medical charities; but it was hoped, on the other hand, that a corresponding amount of support would be given in other quarters.

THE WATER-SUPPLY AT MORPETH.

The water-supply at Morpeth for the last two months has been in a very unsatisfactory condition and deficient, the upper portion of the town having to be supplied with barrels filled at a private well. Latterly the local Board of Health has been carrying on boring operations near the Tranwell reservoirs, which only yielded enough water for one day in seven. After many disappointments water has been at last "struck," and the supply is now sufficient to dispense with the carriage by barrels. In Newcastle the water-supply has given some uneasiness lately, as it was said to be only sufficient for a month. Our gathering grounds, however, on the Northumbrian hills are so good that the copious rainfall of the last few days must have considerably replenished our supply.

MUNIFICENT GIFT TO THE DURHAM COUNTY HOSPITAL.

Mr. John Eden Beamish, hearing that the committee had resolved to increase the accommodation of the Durham County Hospital by erecting a new wing, which would cost about £2000, has, in a most generous manner, intimated his intention of placing that amount at their disposal.

NORTH OF ENGLAND MICROSCOPICAL SOCIETY.

At the opening meeting held last week a discussion took place on micro organisms, particularly bacilli and cholera microbes. As to the former, some good observers stated their ability to demonstrate their existence in the secretions of healthy persons. The whole feeling of the meeting inclined to the view that too much was attempted to be proved in late discussions, and that with the light we had many were attempting to lead in a degree it would be scarcely safe to follow. I might mention, while alluding to microscopical matters, that at a late meeting of the Berwickshire Naturalists' Club the retiring President read a paper on Salmon Disease. He (Captain Norman, R.A.) held that the burial of fish affected by the fungus at or near the banks of the Tweed was not likely to eradicate the disease, but rather to spread it, because the characteristics of the spores of Saprolegnia ferox were similar in number and vitality. They would not be destroyed, and rains were likely to wash them back into the river. He suggested "cremating stations along the banks of the river, where the affected fish might be burnt." The subject is one of very great importance, for, as is well known, the destruction of food by this disease has of late years become very serious. It has been noticed here and elsewhere by some observers that since the more general use of artificial manures in farms the salmon disease has become more prevalent, but still it is a moot point whether these facts can yet be regarded as in the relation of cause and effect. There can be no doubt, however, that the surplus moisture in land near the banks of rivers must find its way to the streams, and thus carry with it possible germs of contagion.

THE NEWCASTLE EYE INFIRMARY.

On the 13th inst., favoured by the brightest of October weather, the foundation stone of our new Eye Infirmary was laid by the Duke of Northumberland, supported by Earl Percy and the Mayor and Corporation of our City. Before the ceremony a luncheon was served in St. George's Hall, which was well attended by the public and the representatives of Law, Physic, and the Church, including two bishops, and other dignitaries. I have called it the new Eye Infirmary, but the institution itself came into existence as far back as 1822, and with it are associated the names of several prominent citizens as patrons or members of the staff. During the year just ended no fewer than 4854 persons received the benefits of the charity, yet the Eye Infirmary has never yet had a house or home of its own; it has frequently shifted its quarters, but always as a tenant paying rent. The necessity of providing suitable and permanent premises has been forced on the governors by the ever-increasing demands for accommodation for their patients. The building commenced to-day is on the most complete plan of a modern ophthalmic hospital. The present medical officers are Dr. G. Y. Heath and Mr. C. S. Jeaffreson, and it is a good deal owing to their exertions and interests in the work of the charity that the foundation stone of the new building has been laid.

Newcastle-on-Tyne, Oct. 13th.

IRELAND.

(From our own Correspondent.)

THE ROYAL UNIVERSITY.

THE President of the Queen's College, Belfast, in his recent annual report draws attention to the reluctance with which the students attending his College enter for the examinations of the Royal University. One of the reasons he states is an impression, which largely prevails, that the examinations are not in all cases perfectly fair. It is said that occasionally the papers set are not entirely within the scope of the prescribed course, or free from such questions as can be answered only by those who have been specially trained in the school or class of the examiner. Another reason is that not a few of the examiners continue to teach candidates long after their examination papers have been prepared—indeed, up to the very date of examination. This is considered unfair by the students of the Belfast College, who leave that institution in June, while most of the examinations are held in September. Yet another reason is the allegation that as there are many examiners, and as their papers are prepared and printed weeks before the date of examination, the subject-matter of the papers becomes known to certain candidates, and grave injustice is thereby done to others. Whether the foregoing allegations be true or false, the President states as a positive fact that they have given rise to much dissatisfaction among candidates from the north of Ireland, and many have thereby been prevented from entering for examination. It is worthy of remark that up to the present no authentic denial of the alleged acts has been made by the authorities of the Royal University. A good many are of opinion that no examiner should lecture or give instruction in the subject he examines in; in the Royal College of Surgeons of Ireland no examiner is permitted to be a lecturer or expected to "grind" pupils for the examinations of that College, and it would be more satisfactory if these conditions were imposed on all examiners in the Royal University, at all events for the medical portion of the curriculum. The degrees of the University obtained at the recent examinations will be conferred on the 22nd inst. at the University Buildings.

QUEEN'S COLLEGE, GALWAY.

The President, in his annual report, states that the students attending the College during the session 1883-84 numbered 103, being a decrease of 41 as contrasted with that of 1882-83. For this diminution it is easy to find an adequate cause in the dissolution of the Queen's University, of which the Galway College formed a part. In the last session the students numbered 103, of whom 41 were in the Faculty of Medicine; in the session preceding 144, of whom 70 were in medicine; and in the session 1881-82 they numbered 201, of whom 122 were in medicine. The decline is almost exclusively confined to the Faculty of Medicine, that department of the College which it was foreseen would be particularly affected by the reversal of the university system. The President trusts,

however, that the depression will be but temporary, and he is slow to relinquish the hope that the College will yet regain and even surpass its former position.

THE BELFAST ROYAL HOSPITAL.

A bazaar and fancy fair will shortly be held in aid of the funds of this institution. On the last occasion a very considerable sum was obtained. It is satisfactory to find that the working classes in Belfast have during the past year contributed liberally to this hospital, and that its claims to their support are thoroughly recognised. A pleasing example of this took place recently, when at a meeting of the assistant-managers, overlookers, and operatives in the weaving factory of the York-street Spinning Company it was decided to contribute a donation of £50, thus rendering the manager eligible as a life governor of the hospital.

BELFAST HOSPITAL SATURDAY.

A meeting of the Hospital Saturday Committee and of the collectors was recently held to receive the report of the Committee. The total receipts amounted to £564 7*s.* 1*d.*, the expenditure to £33 6*s.* 3*d.* The subject of a Hospital Saturday first came before the Belfast Royal Hospital Committee, next the co-operation of the Trades Council was obtained, and ultimately the movement was successful. Arrangements will be made to hold a Hospital Saturday collection next year.

Dublin, Oct. 14th.

PARIS.

(*From our own Correspondent.*)

FRENCH VIEWS OF CHOLERA.

AT the discussion at the meeting of the Academy of Medicine last week on Cholera, M. Ricord made a few remarks on the disease in question, which, although not in his specialty, he had an opportunity of studying in 1832 while surgeon to the Hôpital du Midi. The number of cases daily occurring in Paris was so great that it was found necessary to send out of the hospitals all the patients who were able to walk, to make room for those affected with cholera. In this way M. Ricord remarked that, notwithstanding the excessive mortality, not one of the patients who were retained in the hospital became affected with the disease, nor did any of the medical staff or *employés* of the hospital. Moreover, M. Ricord was at the time engaged in giving lectures on operative surgery, when the bodies of the patients dying from cholera were used for the purpose, and yet none of the students contracted the disease. From these circumstances M. Ricord concluded that cholera was not contagious, and that it originated spontaneously under the influence of some cause the nature of which has as yet not been determined. M. Ricord, on the ground of the non-contagiousness of the disease, condemned quarantine as being useless, delusive, and dangerous, at least so far as it concerned persons in health who were flying from infected quarters. At a previous meeting of the Academy Professor Bouchardat remarked that the cholerigenetic bacillus was never produced spontaneously in Europe, but was always imported, and that the contagiousness of cholera being incontestable, the disease is necessarily of parasitic origin. But he does not admit that the cholerigenetic parasite is the comma bacillus of Dr. Koch. M. Jules Guérin said that he had no confidence in the comma bacillus as a specific cause of the cholera, nor could he have more in the creature imagined by M. Bouchardat. He (M. Jules Guérin) never believed in the contagiousness of cholera, except under certain circumstances, or that it was ever imported, but that it was always produced spontaneously under the influence of local causes. Consequently, sanitary cordons and quarantines, whether by land or sea, are perfectly useless. This theory, and that of the identity of sporadic with Asiatic cholera, the learned Academician has maintained unshaken for the last fifty years.

Dr. Maurin of Marseilles delivered a public lecture on Monday last on the Etiology of Cholera. He began by stating it to be his firm belief that the outbreak of the disease was caused, not by importation as was supposed, but by the development of cholera germs that were buried with the patients who died from the disease during the epidemic in 1865 and 1866. A short time before the recent outbreak some of the streets of Toulon were macadamised with earth brought from the burial-ground where cholera patients were interred, and Dr. Maurin thought that the setting in of the disease about the time was something more than a simple coincidence, and if the theory of the parasitic origin of the disease was correct, there was here sufficient evidence of the two circumstances standing in the relation of cause and effect. Dr. Maurin, in conjunction with Dr. Lange, in their investigations on the subject, had discovered a substance which they believed to be the pathogenetic agent of the disease, and to which they have given the name of "le mucor cholerifé e." This substance is described as being a species of mushroom, of the class of "mucorinées," which is developed on the fourth or fifth day in the dejections of cholera patients. This mucor has an extraordinary power of vegetation. It lives in a 10 per cent. solution of carbolic acid, salicylic acid, and the strong acids. It continues its evolution in a 20 per cent. solution of corrosive sublimate or of chloride of zinc. It survives a temperature of 120° C. But its vegetation is arrested by a solution containing $\frac{1}{100000}$th part of iodine in the cultures, and $\frac{1}{10}$th when the plant is developed. It is composed of a mycelium, from which start filaments which terminate in "sporanges" or bulbs containing a quantity of spores in a state of maturity. The sporanges open, and their spores, whose dimensions are only the hundredth part of a millimetre, fly about in all directions. The practical consequences of this discovery are, according to MM. Maurin and Lange, very important. It is evident from what has been said that the rational prophylaxis of cholera consists in treating the choleraic dejections with tincture of iodine, and submitting all the articles that have been in contact with cholera dejections to steam above 200° C. Dr. Maurin states that under the above notions as to the nature of cholera, one might understand the futility of quarantines, and the conveyance of the malady by air, by human beings, or by articles worn by them. It will also be understood why cholera is not immediately contagious. When the mucor cholérifère has found a favourable medium for its propagation it develops, and its spores are launched into the air and water. Every person then comes under the morbid influence during an epidemic, because these spores are more or less ingested by the healthy stomach; a very few only are developed into germ-ferments in the intestine. But if the stomach is weak or diseased, the spores are not digested, the ferment plants are developed, they extract oxygen and heat from the blood, and from the parietes of the stomach and intestines, whence all the phenomena of cholera which terminate by a general interstitial asphyxia, and death consequent on the deficiency of water and of chloride of sodium in the blood. Dr. Maurin does not believe in the comma bacillus of Dr. Koch, at least so far as regards the *rôle* assigned it by the German biologist in the etiology of cholera, Dr. Maurin considering that the bacillus stands in the same relation to the production of the cholera fermentation as the spirillum does to the acetious fermentation; consequently the bacillus is the result or product of the disease, and not its cause.

M. Arousshon, professor of chemistry, has been deputed by the Minister of Public Instruction to proceed to Italy to study the etiological aspects of cholera, and the effects upon it of applied therapeutics.

Paris, Oct. 15th, 1884.

ROYAL COLLEGE OF PHYSICIANS.

AT a special Comitia of the Royal College of Physicians on Thursday last (16th inst.), Sir W. Jenner, Bart., President, in the chair, a report was read from the representative of the College in the General Medical Council.

The College then proceeded to consider the question of the appointment of "representatives of the College on the Committee of Management for the Examining Board for England, constituted by the Royal College of Physicians and the Royal College of Surgeons." Dr. Quain moved that the question be postponed until the next meeting, and urged that the subject in all its bearings was not thoroughly understood by the Fellows. The motion was seconded by Dr. Braxton Hicks; but an amendment, proposed by Dr. Sieveking, and seconded by Dr. Bristowe, that

the nomination should be proceeded with, was carried almost unanimously. The following Fellows were nominated to serve on the Committee of Management: Sir H. Pitman, Dr. W. M. Ord, and Dr. Norman Moore.

ROYAL COLLEGE OF SURGEONS.

AT a quarterly meeting of the Council, held on Thursday, the 16th inst., the sanction of the General Medical Council was reported to the scheme for the conjunction of the Royal College of Physicians and the Royal College of Surgeons, under Section 19 of the Medical Act. Mr. Forster (the President) and Messrs. Marshall and Savory were appointed representatives of the College on the Committee of Management under this scheme. It was resolved that the regulations as to the curriculum of study should come into force from the 1st inst.

Mr. John Wood was re-elected a member of the Court of Examiners, and Mr. Henry Moon was elected a member of the Board of Examiners in Dental Surgery.

A committee of ten was appointed to consider and report to the Council what additional accommodation can be obtained for examinations and other purposes. It is desired to obviate the necessity of closing the library during the periods of examination.

The diploma of Member granted to Mr. Ebenezer Bryceson on April 26th, 1884, was recalled and declared to be void under Sect. 22 of the Charter of the 7th of Victoria.

A report was received that the College is the residuary legatee under the will of the late Sir Erasmus Wilson.

A letter from Mr. Wheelhouse relating to the uncertainty of the results of the examinations of the College was referred to the representatives of the College on the Committee of Management under the combination scheme.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed the Primary Examination in Anatomy and Physiology at meetings of the Board of Examiners on the 13th, 14th, and 15th inst.:—

Francis Pain, C. Stewart Pethick, W. Withers Ewbank, Percy H. V. Hammersley, Albert de Lisle, and Fred. R. Miller, St. Bartholomew's Hospital; J. Lorenzo Davison and Edw. Furrer, Toronto; Julius Z. Torres, Colombia; Fairlee R. Ozzard, Howell T. Evans, and Leonard Raby, London Hospital; Wm. H. Stevens and Arthur Leche, Bristol; George F. Johnston, John E. Davies, John T. Harvey, and William J. Morton, Edinburgh; Samuel H. Harrington, Liverpool; George W. Rowe and Edward T. Wynne, Cambridge; Jacob A. Nowell, Leeds; T. Alfred Robson, Andrew S. Brewis, Charles W. Steenberg, and Theodor Lund, Newcastle; William A. Loxton, Roger Bullock, and Alfred J. Bulger, Birmingham; William W. Paterson and John Huges, Glasgow; Edward H. Young, Edgar Jennings, and Lewis W. Pockett, University College; John H. E. Austin, Percy B. Mackay, and Harry R. Mansell, St. George's Hospital; Gerald C. Hayword, Middlesex Hospital; William F. W. Shells, Robert Thompson, and Joshua H. Harvey, Guy's Hospital.

UNIVERSITY OF CAMBRIDGE. — At a congregation held on Oct. 9th the following degrees were conferred:—

DOCTOR OF MEDICINE.—William Edward Stevenson, Downing.

BACHELORS OF MEDICINE.—George Tucker Clapp, Charles Edward Henry Cotes, Gonville and Caius.

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A. Allan, M.D. Edin.; C. J. Coverston, L.R.C.P. Edin.; John J. Eyre, L.K.Q.C.P. Ireland; D. A. Greaswell, M.B. Oxford; K. P. Gupta, F.R.C.S. Edin.; H. Handford, M.D. Edin.; J. B. Harry, M.B. Cantab.; J. J. Macan, M.A., F.R.C.S.; T. J. M'Gann, F.R.C.S. Edin.; F. Marsh, F.R.C.S.; L. W. K. Phillips, F.R.C.S.; F. Welsh, F.R.C.S.; W. C. Wise, M.D. St. Andrews.

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GLASGOW SOUTHERN MEDICAL SOCIETY.—At the annual meeting of this Society, held in their rooms on the 9th inst., the following gentlemen were elected office bearers for the session 1884–85:—President: Dr. A. Napier; Vice-President: Mr. William Carr; Treasurer: Mr. E. Mac Millan; Secretary: Dr. David Tindall; Editorial Secretary: Mr. James Hamilton; Seal Keeper: Dr. Thomas Lapraik; Court Medical: Dr. Robert Parr, Dr. A. Pearson, Dr. James Morton, Dr. James Barras, Dr. John White; Ordinary members to complete Council: Mr. John Glaister, Mr. W. J. Shaw, Mr. F. A. Freer.

SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—The quarterly court of this Society was held in the room of the Royal Medical and Chirurgical Society on Oct. 8th; the President, Sir James Paget, F.R.S., in the chair. One new member was elected at the meeting, the election of a member was declared void, and the deaths of four were reported, including those of two vice-presidents—Mr. Cæsar Hawkins and Sir Erasmus Wilson. Dr. Quain moved, and Sir H. Pitman seconded, that the President be requested to communicate to Mrs. Hawkins and Lady Wilson an expression of the sincere

sympathy of the Board of Directors of the Society on the occasion of their great loss, and to Lady Wilson their grateful appreciation of the munificent legacy of £5000 bequeathed by Sir Erasmus Wilson. On the recommendation of the acting treasurer, Mr. Fuller, it was agreed to give the usual present at Christmas to the widows and orphans receiving grants from the Society. Applications for grants were read from fifty-nine widows, five orphans, and three orphans on the Copeland Fund, and it was resolved that a sum of £1250 be distributed amongst them at the next court. Applications were read for the first time from two widows and five orphans, and grants were made subject to the approval of the Committee of Visitors. Another application of a widow for herself and child was referred to the visitors to report on at the next court.

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ROYAL COLLEGE OF SURGEONS, EDINBURGH.—At the annual meeting of this College, held on the 15th inst., the following office-bearers were elected for the ensuing year:—President: John Smith, M.D., LL.D. Vice-President: William Turner, M.B. Secretary and Treasurer: Joseph Bell. Librarian: Archibald Dickson, M.D. President's Council: Henry Duncan Littlejohn, M.D.; Patrick Heron Watson, M.D.; David Wilson, M.D.; Francis Brodie Imlach; Douglas Argyll Robertson, M.D.; John Duncan, M.D.; William Turner and Joseph Bell (*ex officio*). Representative in General Medical Council: Patrick Heron Watson, M.D., LL.D. Examiners: James D. Gillespie, M.D.; Henry D. Littlejohn, M.D.; Patrick H. Watson, M.D., LL.D; David Wilson, M.D.; John Smith, M.D., LL.D; Joseph Bell; John Duncan, M.D.; Robert J. Blair Cunningham, M.D.; Alexander G. Miller; Peter A. Maclaren, M.D.; Johnson Symington, M.B.; Francis Cadell; James Dunsmure (junior), M.D.; William Craig; Charles E. Underhill. Dental Examiners: Patrick H. Watson, M.D., LL.D.; Henry D. Littlejohn, M.D.; David Wilson, M.D.; John Smith, M.D, LL.D.; Andrew Wilson, L.D.S.; George W. Watson, L.D.S. Assessors: William Brown; Archibald Inglis, M.D.; James Dunsmure, M.D.; William Walker. Conservator of Museum: Robert J. Blair Cunningham, M.D. Clerk: James Robertson, Solicitor. Officer: Colin Mackenzie. Assistant to Conservator: George Reid.

Medical Appointments.

Intimations for this column must be sent DIRECT *to the Office of* THE LANCET *before 9 o'clock on Thursday Morning at the latest.*

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BENTON, SAMUEL, L.R.C.P.Lond., M.R.C.S., has been appointed Medical Officer to the Buckingham Palace-road Workhouse, St. George's (Hanover-square) Union.

BRUCE, J. MITCHELL, M.D., F.R.C.P.L., has been appointed Consulting Physician to the Royal Caledonian Asylum, vice Dr. A. Tweedie, deceased.

CHADWICK, CHARLES M., M.A., M.B.Oxon., M.R.C.P.Lond., has been appointed Physician to the Leeds Public Dispensary, vice Thomas Churton, M.D., resigned.

CREAGH, WM., L.R.C.S.I., L.S.A.Lond., has been reappointed Medical Officer to the Lullington and Recliston District of the Burton-upon-Trent Union.

FRASER, JAMES A., M.R.C.S., L.R.C.P.Lond., has been appointed Surgeon to the Romford Union House.

GIBSON, CHARLES JOHN, M.B., C.M.Ed., has been appointed Medical Officer for the Stone District and Workhouse, Stone Union, vice Hopkins.

HALL, B., M.B.Lond., M.R.C.S., has been appointed Second Assistant Medical Officer to the Middlesex County Asylum, Banstead.

HARTRIDGE, GUSTAVUS, F.R.C.S., has been appointed Consulting Ophthalmic Surgeon to St. Bartholomew's Hospital, Chatham, vice Henry Power, F.R.C.S., resigned.

HARVEY, FRED. GEORGE, M.R.C.S., has been appointed Medical Officer for the Aston Burnel District of the Aldham Union, vice Glover.

INGOLDBY, FREDERICK J., M.R.C.S., has been appointed Assistant Medical Officer and Dispenser to the Infirmary, Fulham Union.

JOHNSON, SAMUEL EBENEZER, L.S.A.Lond., has been appointed Medical Officer for the Balsall Heath District of the King's Norton Union.

MURDOCH, J. WM. A., M.B., C.M., has been appointed Resident Medical Officer to the Riccartsbar Asylum, Paisley, vice Dr. Park, resigned.

NUGENT, G. P. L'ESTRANGE, M.B., B.Ch.Dub., has been appointed Assistant-Physician and Pathologist to the House of Industry Hospitals, Dublin.

PIGEON, W. H., M.A., M.B., B.C.Camb., M.R.C.S., has been appointed Resident Surgical Officer to the Royal Infirmary, Manchester, vice Bilton Pollard, M.D. &c., resigned.

ROBINS, GEORGE NORMAN, M.R.C.S., L.R.C.P., has been appointed Medical Officer to the Rippingale District of the Bourne Union, vice Adams, resigned.

WILLIAMS, DAVID JOHN, M.D. St. And., F.R.C.S.E., has been appointed Acting Health Officer for the Port of Port Philip, vice Balmer, resigned.

WILSON, FRANK, M.B., C.M., has been appointed Medical Practitioner to the Paisley Infirmary, vice Dr. Dickson, resigned.

Births, Marriages, and Deaths.

BIRTHS.

BENNETT.—On the 8th inst., at Upper Berkeley-street, Portman-square, the wife of H. Selfe Bennett, M.B., of a son.

BRUNTON.—On the 11th inst., at Welbeck-street, the wife of T. Lauder Brunton, M.D., of a son.

HIND.—On the 11th inst., at Whitehall-place, Stockton-on-Tees, the wife of Henry Hind, F.R.C.S., of a daughter.

TUKE.—On the 30th ult., at Ranelagh House, Chiswick, the wife of Charles Molesworth Tuke, M.R.C.S., of a daughter.

WHITTINGTON-LOWE.—On the 10th inst., at Marine-parade, Brighton, the wife of R. Whittington-Lowe, M.D., Staff Surgeon, of a daughter.

MARRIAGES.

BRYCESON—LAWSON.—On the 2nd inst., at Rectory-place Church, Woolwich, Ebenezer Bryceson, M.A., M.B.Camb., M.R.C.S., and L.S.A.Lond., second son of George Bryceson, Esq., of Shooter's-hill, Kent, to Jessie Ellen, second daughter of James Lawson, Esq., of Tilbury Villa, Fox-hill, Plumstead.

BUTTON—GARRARD.—On the 1st inst., at Tickenhall, Derbyshire, Henry Herbert Walter Button, L.R.C.P.Ed., L.F.P.S.Glasg., to Kate Garrard, second daughter of the late William Garrard, Esq., of Tickenhall, Derby.

JAMES—PARKINSON.—On the 7th inst., at the Parish Church, Bradford, Yorkshire, by the Rev. Canon Bardsley, D.D., Vicar of Bradford, assisted by the Rev. Knight Gale, Vicar of St. Andrew's, Bradford, the Rev. Gilbert Lany James, Vicar of Greeley, Derbyshire, to Mary Elizabeth, eldest daughter of the late William Parkinson, Esq., M.R.C.S.Eng., L.S.A.Lond., of Bradford.

JOHNSTONE—VAWDREY.—On the 7th inst., at St. Mary's, Handsworth, William Johnstone, L.R.C.S., L.S.A.Lond., of Smethwick, to Mary Leah, youngest daughter of the late Thomas G. Vawdrey, M.R.C.S., L.S.A.Lond., of St. Austell.

MILLAR—LIBERTY.—On the 7th inst., at St. Andrew's Church, Nottingham, by the Rev. Canon Morse, M.A., assisted by the Rev. Frederick Hart, B.A., James Millar, M.D., of Sowerby Bridge, Yorkshire (late of Arbroath, N.B.), to Kate, eldest daughter of Arthur Liberty, of Nottingham.

SMITH—RUSSELL.—On the 7th inst., at St. Luke's, West Holloway, T. F. Hugh Smith, F.R.C.S., eldest son of Henry Smith, F.R.C.S., of 82, Wimpole-street and the Orchard, Swanley, to Florence Mary, elder daughter of the late James Russell, of Charlton, Farningham.

DEATHS.

BURNETT.—On the 9th inst., at Dover, Ferdinand Burnett, M.D., in his 81st year.

GUISE.—On the 4th inst., at The Knoll, Clifton, Surgeon-General Guise, late of Bengal, aged 66.

N.B.—*A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.*

the nomination should be proceeded with, was carried almost unanimously. The following Fellows were nominated to serve on the Committee of Management: Sir H. Pitman, Dr. W. M. Ord, and Dr. Norman Moore.

ROYAL COLLEGE OF SURGEONS.

AT a quarterly meeting of the Council, held on Thursday, the 16th inst., the sanction of the General Medical Council was reported to the scheme for the conjunction of the Royal College of Physicians and the Royal College of Surgeons, under Section 19 of the Medical Act. Mr. Forster (the President) and Messrs. Marshall and Savory were appointed representatives of the College on the Committee of Management under this scheme. It was resolved that the regulations as to the curriculum of study should come into force from the 1st inst.

Mr. John Wood was re-elected a member of the Court of Examiners, and Mr. Henry Moon was elected a member of the Board of Examiners in Dental Surgery.

A committee of ten was appointed to consider and report to the Council what additional accommodation can be obtained for examinations and other purposes. It is desired to obviate the necessity of closing the library during the periods of examination.

The diploma of Member granted to Mr. Ebenezer Bryceson on April 26th, 1884, was recalled and declared to be void under Sect. 22 of the Charter of the 7th of Victoria.

A report was received that the College is the residuary legatee under the will of the late Sir Erasmus Wilson.

A letter from Mr. Wheelhouse relating to the uncertainty of the results of the examinations of the College was referred to the representatives of the College on the Committee of Management under the combination scheme.

Medical News.

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MURDOCH, J. WM. A., M.B., C.M., has been appointed Resident Medical Officer to the Riccartsbar Asylum, Paisley, vice Dr. Park, resigned.

NUGENT, G. P. L'ESTRANGE, M.B., B.Ch.Dub., has been appointed Assistant-Physician and Pathologist to the House of Industry Hospitals, Dublin.

PIGEON, W. H., M.A., M.B., B.C.Camb., M.R.C.S., has been appointed Resident Surgical Officer to the Royal Infirmary, Manchester, vice Bilton Pollard, M.D. &c., resigned.

ROBINS, GEORGE NORMAN, M.R.C.S., L.R.C.P., has been appointed Medical Officer to the Rippingale District of the Bourne Union, vice Adams, resigned.

WILLIAMS, DAVID JOHN, M.D. St. And., F.R.C.S.E., has been appointed Acting Health Officer for the Port of Port Philip, vice Balmer, resigned.

WILSON, FRANK, M.B., C.M., has been appointed Medical Practitioner to the Paisley Infirmary, vice Dr. Dickson, resigned.

Births, Marriages, and Deaths.

BIRTHS.

BENNETT.—On the 9th inst., at Upper Berkeley-street, Portman-square, the wife of H. Selfe Bennett, M.B., of a son.

BRUNTON.—On the 11th inst., at Welbeck-street, the wife of T. Lauder Brunton, M.D., of a son.

HIND.—On the 11th inst., at Whitehall-place, Stockton-on-Tees, the wife of Henry Hind, F.R.C.S., of a daughter.

TUKE.—On the 30th ult., at Ranelagh House, Chiswick, the wife of Charles Molesworth Tuke, M.R.C.S., of a daughter.

WHITTINGTON-LOWE.—On the 10th inst., at Marine-parade, Brighton, the wife of R. Whittington-Lowe, M.D., Staff-Surgeon, of a daughter.

MARRIAGES.

BRYCESON—LAWSON.—On the 2nd inst., at Rectory-place Church, Woolwich, Ebenezer Bryceson, M.A., M.B.Camb., M.R.C.S., and L.S.A.Lond., second son of George Bryceson, Esq., of Shooter's-hill, Kent, to Jessie Ellen, second daughter of James Lawson, Esq., of Tilbury Villa, Fox-hill, Plumstead.

BUTTON—GARRARD.—On the 1st inst., at Tickenhall, Derbyshire, Henry Herbert Walter Button, L.R.C.P.Ed., L.F.P.S.Glasg., to Kate Garrard, second daughter of the late William Garrard, Esq., of Tickenhall, Derby.

JAMES—PARKINSON.—On the 7th inst., at the Parish Church, Bradford, Yorkshire, by the Rev. Canon Bardsley, D.D., Vicar of Bradford, assisted by the Rev. Knight Gale, Vicar of St. Andrew's, Bradford, the Rev. Gilbert Lenz James, Vicar of Greeley, Derbyshire, to Mary Elizabeth, eldest daughter of the late William Parkinson, Esq., M.R.C.S. Eng., L.S.A.Lond., of Bradford.

JOHNSTONE—VAWDREY.—On the 7th inst., at St. Mary's, Handsworth, William Johnstone, L.R.C.S., L.S.A.Lond., of Smethwick, to Mary Leah, youngest daughter of the late Thomas G. Vawdrey, M.R.C.S., L.S.A.Lond., of St. Austell.

MILLAR—LIBERTY.—On the 7th inst., at St. Andrew's Church, Nottingham, by the Rev. Canon Morse, M.A., assisted by the Rev. Frederick Hart, B.A., James Millar, M.D., of Sowerby Bridge, Yorkshire (late of Arbroath, N.B.), to Kate, eldest daughter of Arthur Liberty, of Nottingham.

SMITH—RUSSELL.—On the 7th inst., at St. Luke's, West Holloway, T. F. Hugh Smith, F.R.C.S., eldest son of Henry Smith, F.R.C.S., of 82, Wimpole-street and the Orchard, Swanley, to Florence Mary, elder daughter of the late James Russell, of Charlton, Farningham.

DEATHS.

BURNETT.—On the 9th inst., at Dover, Ferdinand Burnett, M.D., in his 81st year.

GUISE.—On the 4th inst., at The Knoll, Clifton, Surgeon-General Guise, late of Bengal, aged 66.

N.B.—*A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.*

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET OFFICE, October 16th, 1884.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Max. Temp. Shade.	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
Oct. 10	29·43	N.W.	46	45	..	47	45	·27	Raining
,, 11	29·67	N.	41	37	74	49	37	·09	Cloudy
,, 12	29·79	N.W.	48	44	76	52	42	..	Cloudy
,, 13	30·09	N.W.	41	39	81	52	38	·05	Hazy
,, 14	30·10	W.	47	46	79	58	40	·06	Raining
,, 15	30·31	W.	50	47	..	56	45	..	Hazy
,, 16	30·33	W.	57	55	..	61	48	..	Cloudy

Medical Diary for the ensuing Week.

Monday, October 20.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations 10½ A.M. each day, and at the same hour.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.

METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

ST. MARK'S HOSPITAL.—Operations, 2 P.M., and on Tuesdays at the same hour.

HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.

MEDICAL SOCIETY OF LONDON.—8.30 P.M. Address by the President. Paper by Sir Joseph Lister, Bart.—At 8 P.M. a New Invalid Bed-lift will be shown by Mr. Newham.

Tuesday, October 21.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour. Ophthalmic Operations on Mondays at 1.30 P.M., and Thursdays at 2 P.M.

WESTMINSTER HOSPITAL.—Operations, 2 P.M.

WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

PATHOLOGICAL SOCIETY OF LONDON.—8.30 P.M. Dr. Charlewood Turner and Dr. Carrington: Dysenteric Abscesses in Liver.—Dr. Wickham Legg and Dr. Theodore Acland: Cases of Hæmophilia and Purpura.—Mr. Pepper and Dr. Silcock: Tabes Dorsalis, with Perforating Ulcer of the Foot.—Dr. Hadden: Two Fatal Cases of Alcoholic Paralysis.—Dr. Hale White: Coarctation of the Aorta, Chronic Ulcer of the Stomach, with Secondary Changes in the Pancreas (card).—Dr. Ormerod: A Case of Scleroderma.—Dr. J. F. Payne and Dr. F. Semon: Rhino-Scleroma (living).

Wednesday, October 22.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.—Ophthalmic Operations on Tuesdays and Thursdays, at 1.30 P.M.

ST. MARY'S HOSPITAL.—Operations, 1½ P.M.—Skin Department: 9.30 A.M., on Tuesdays and Fridays.

ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.

LONDON HOSPITAL.—Operations, 2 P.M., and on Thursday and Saturday at the same hour.

GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.

UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.—Skin Department: 1.45 P.M., and on Saturday at 9.15 A.M.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.

HUNTERIAN SOCIETY.—8 P.M. Dr. Thorowgood: Some forms of Irritable Heart.

Thursday, October 23.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—1½ P.M. Surgical Consultations.

CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.

NORTH-WEST LONDON HOSPITAL.—Operations, 1½ P.M.

Friday, October 24.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.

ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 2 P.M.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.

QUEKETT MICROSCOPICAL CLUB.—8 P.M. Dr. W. B. Carpenter, F.R.S. (President): The Relations of the Various Types of the Genus Orbitolites.

CLINICAL SOCIETY OF LONDON.—8.30 P.M. Mr. Golding-Bird: A Case of Dislocation of the Patella.—Dr. James Anderson: A Case of Myxœdema.—Dr. Carrington: A Case of Eruption probably due to Bromism.—Mr. Godlee: A Case of Nephrectomy for Tumour in an Infant.—Dr. J. K. Fowler: Pigmentation of Tongue (living specimen).

Saturday, October 25.

KING'S COLLEGE HOSPITAL.—Operations, 1 P.M.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editor."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for publication or private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe, or recommend practitioners.

Local papers containing reports or news-paragraphs should be marked.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "To the Publisher."*

"AN IMPUDENT DEFENCE OF CANNIBALISM."

THE writer in the *Catholic Times* seems aggrieved at our remarks on his annotation on the terrible incident in connexion with the loss of the *Mignonette*. We readily accept his entire disclaimer of any sympathy with those who are disposed to extenuate murder for the purposes of cannibalism. We must still, however, object with some indignation to his statement that "it is no uncommon thing for doctors to administer to persons who appear to be, and probably are, dying of painful diseases, such drugs as not only allay pain, but will also surely hasten their end." This is an unwarrantable statement. We reproduce some remarks of our contemporary of last week on this matter:—

"Our accuser is by far the leading medical journal in England, and has a world-wide circulation. We are therefore at a loss to understand how its acute editor could fail to see that our comments were at one with his own opinions on the subject of murder and human flesh-eating. We can only conceive that a correspondent sent the editor a copy of our paper with the article marked, and that, the name 'Catholic' recalling the false stories of his school-days, he merely glanced hastily over the lines, and, seeing that it was about cannibalism, took it for granted that it must have been a defence of the barbarous crime. To read a sentence at haphazard was, of course, sufficient. This random sentence happened to contain an allusion to the doctors, and this riveted his attention. In using the word 'doctors' we meant 'some doctors.' But he exaggerates our observations into a charge against the whole medical profession. Nothing, however, could have been further from our intention. We gladly recognise that, whatever the profession may be in foreign countries, its twenty thousand British members are a noble band, whose earnest and self-sacrificing efforts to stay the ravages of disease, drunkenness, and crime, merit for them the gratitude and esteem of the community. In daily intercourse they are kind and considerate to our poor; and they are ever courteous to our clergy."

RIDING v. DRIVING.

To the Editor of THE LANCET.

SIR,—I should be glad, with your permission, to obtain the opinions of my professional brethren engaged in rural practice as to the comparative advantages of riding or driving on their journeys. I formerly had a country practice, purely rural, in which my rounds were usually twenty, and sometimes thirty, miles a day, and I always drove. The most handy vehicle for such work is, in my experience, a square shooting-cart with adjusting seat. I also used a Stanhope gig; but it is decidedly less safe and not so comfortable. Four wheels are safest of all; but everyone in country practice knows that they wear out the horse, and are less expeditious; and expedition, with due regard to the horse, must be the first consideration. Is riding safer; especially at night? And would it be safe for a man not much accustomed to the saddle of late years and rather past middle age? Driving is probably more comfortable in cold or wet weather. I may remark I never used a hooded gig, as it adds to the weight and catches the wind; they are more used by practitioners in towns, and for short journeys. Hansom cabs, *et hoc genus omne*, are not worth consideration for long distances and cross-country roads. Cobs of about fourteen hands are more useful than full-sized horses. I preferred having a light-weight groom to drive, as I always found it adds very much to the fatigue to drive oneself, though many I know do so; it is certainly safer, as all my accidents were the result of grooms' driving. Accidents are common to most practitioners who are out a good deal by day and night. I do not know if any difference exists in the risks of riding or driving. I have known many fatal accidents happen both ways. Perhaps some of your readers will kindly give their opinions on this point.

I am, Sir, yours truly,

Oct. 6th, 1884. ATRA CURA POST EQUITEM SEDET.

SUICIDES IN FRANCE.

OFFICIAL returns recently published show that in France the number of persons ending their lives by suicide is increasing in a remarkable manner. Five years ago the proportion of self-destroyers per 100,000 inhabitants was seventeen, now it is nineteen. Hanging and drowning appear most commonly resorted to, the modes of destruction next in favour being by firearms or charcoal fumes. The months of April, May, and June are those in which the highest number of suicides take place, there being, it is also remarked, generally fewer cases of self-inflicted death during the last than during the first three months of the year.

Mr. W. H. Bull.—References to cases in point will be found in THE LANCET of Feb. 10th, 1877, p. 223; Jan. 24th, 1880; Dec. 9th, 1882. But each case must, of course, stand on its own merits.

J. M. T. (Liverpool).—Yes. Dr. Fauvel, we believe, still holds to the view that the disease which has prevailed in France is different in kind from that which is witnessed in the East.

G. H. F.—The subject has already been thoroughly discussed in our columns.

J. H. R.—One swallow does not make a summer.

Devonian should consult his medical adviser. We do not prescribe.

A MODIFICATION OF DR. JUNKER'S INHALER.

To the Editor of THE LANCET.

SIR,—Dr. Buxton's paper on the above subject, which appeared in your issue of Oct. 4th, bears strong testimony in favour of this apparatus, which was first constructed by our firm in 1867, and has since been widely adopted by the medical profession in England and abroad, where it has been from that time in constant use in the principal hospitals and surgical clinics. This inhaler, it will be remembered, although originally designed for the administration of methylene—the use of which, however, has always been, at any rate on the Continent, very limited—owes the favour it has generally met with principally to its admirable efficacy and advantageousness for the administration of chloroform. One of its many advantages is that a much smaller quantity of the narcotic is required to produce and to keep up full narcosis than by other methods, but little more than one drop being the most which can be evaporated and administered with each compression of the bellows.

We admit that Dr. Buxton's modification of refilling the reservoir may have its advantage, provided the peg fit securely, which will not always be the case. If too tight, it will oppose great resistance at its removal; if too loose, it will be lifted and pushed out by the internal pressure of the air pumped into the receiver. Our screw-top obviates the latter accident, and its removal will barely cause more delay than that of a tight peg. The objection that the administrator has not a hand at liberty for any emergency will easily be overcome by a little skill and practice. We have repeatedly witnessed Dr. Junker's method, who manages, if necessary, with the same hand to hold the face-piece, to compress the bellows, and to feel the pulse of the maxillary artery, thus leaving the other hand free. The treadle for working the air-ball, instead of compressing it with the hand, has been introduced from the earliest date. Some administrators find it more convenient, while others return to the hand-bellows. The material of the face-piece is likewise a matter of individual preference; it has been made of leather, felt, flannel, and even of paste-board. We are, however, inclined to believe that a vulcanite face-piece is cleaner and more durable. The face-pieces we supplied to the Samaritan Hospital in 1867 are still in use, and are none the worse for wear. The face-piece should be held before, or but lightly against, the patient's face, when it will not leave any mark of pressure. The air-cushion adjustment around the rim of the face-piece has also had its trial; but it was quickly abandoned, and justly so, for the patient is not to breathe, and cannot breathe freely through the inhaler. Junker's inhaler appears to be misunderstood by many; for it seems not to be taken into account that by pressing the air-bellows the narcotic vapour is brought before the patient's face and nose in a concentrated condition, even if only two drachms of the anæsthetic be in the bottle, which must be diluted with not less than five times as much fresh atmospheric air, which should enter freely at the sides and valve of the face-piece. A closely fitting face-piece is therefore objectionable. A pocket-handkerchief folded lengthways and bound around the rim serves more efficiently; it does not prevent the easy breathing of the patient, is clean and safe, and does away with the necessity of a series of face-pieces. We are, Sir, yours obediently,

London, Oct. 13th, 1884. KRÖHNE & SESEMANN.

GLASGOW UNIVERSITY PROFESSIONAL EXAMINATIONS.

IN our Glasgow Correspondent's letter last week the number of candidates for professional examination at the University was accidentally misstated. The numbers should have been as follows: For the first examination, 156; for the second, 85; for the third, 62—numbers strongly suggestive of a weeding-out process.

A Student will find all the information he desires in our Students' Number, published on Sept. 13th.

Mr. Edward Lucas.—The matter is referred to in another column.

EXAMINATIONS AT THE ROYAL COLLEGE OF SURGEONS.

THE first Primary Examination for the Membership of the College for the present session was commenced on Friday, the 10th inst., when 126 candidates presented themselves, against ninety-four at the corresponding period of last year. The following were the questions on Anatomy, and the candidates were required to answer four, and no more, between the hours of 1 and 3 P.M.:—

1. Describe Hunter's canal; its boundaries and contents. Mention the parts in relation to it.
2. Give the dissection required to expose the suboccipital triangle.
3. Give the attachments and relations of the pronator radii teres.
4. Enumerate the sutures of the cranium. Give their course, the bones which respectively enter into their formation, and the class of suture to which they severally belong.
5. Describe the origin, course, and termination of the saphenous veins, and enumerate their chief tributaries.
6. Give the attachments and relations of the pharynx.

The following were the questions on Physiology, to be answered between the hours of 4 and 6 P.M.:—

1. Describe the structure and uses of the different forms of cartilage met with in the human body.
2. What is the pulse? Why is it in general confined to the arteries? Under what circumstances does it appear in the capillaries and veins?
3. Describe the nervous mechanism of respiration? By what conditions, and in what manner, may the rhythm of respiration be modified.
4. Describe the distribution of blood in the liver. By what forces is the movement of the blood through this organ maintained?
5. What gases are contained in the blood? State the average amount of these gases in arterial and venous blood? How may these quantities be determined?
6. Describe the structure of the cornea. Name the refractive media of the eye in the order of their relative importance.

Mr. J. M. Waters.—As a rule, the passing of an examination is required before permission is given to practise in the countries mentioned.

SCARLATINA LATENS.

To the Editor of THE LANCET.

SIR,—On Friday, Sept. 19th, I was summoned to see two children—Maggie B——, aged three years, and William B——, eight years—who had been ill since the 15th. On that day a swollen gland was observed in both at the angle of the jaw. On the 16th their faces appeared puffy, especially about the eyes, this gradually increasing till the morning of the 18th, when the parents saw that the ankles were increased in size. They also noticed that their children were passing very little urine. Matters got worse till the morning on which I was summoned (the 19th). On examination of the urine I found great abundance of albumen in that of the girl, but none in that of the boy. I prescribed a compound jalap powder and a diuretic mixture of digitalis, with potash and broom, and poultices to the loins. The boy got gradually better under this treatment, and so I shall only refer to the girl. On the 20th only an ounce of urine was passed in the morning, and none the rest of the day. In the evening the patient's temperature was 103·6°, and she was very drowsy. I ordered a leech over each kidney, which temporarily relieved them, and the patient passed urine three times between that and the forenoon of the next day.—21st: Evening temperature, 103·2°; pulse, 108; respiration, 100, and tubular in character. The patient had vomited twice in the afternoon. To relieve the dyspnœa I prescribed a leech over the top of the sternum, the bleeding to be encouraged by fomentations. This gave immediate relief.—22nd: Morning temperature normal; pulse, 104; respiration, 50. Evening temperature, 100°; respiration, 60. From this date the patient was convalescent.—Oct. 4th: The urine, when allowed to stand fifteen minutes after adding nitric acid, showed a faint ring of albumen.

In these cases there was no history of sore-throat or rash, and examination revealed no desquamation; but in both there was a swollen gland, renal dropsy, and diminished urine, with albumen in the one and none in the other, as we sometimes find in scarlatinal dropsy.

I am, Sir, yours truly,

Glasgow, Oct. 6th, 1884. JAMES WILSON, M.D., B.Sc., M.B.

CHECKING GROWTH OF THE HAIR.

To the Editor of THE LANCET.

SIR,—In answer to a correspondent who asks in your last issue if the growth of hair on different parts of the body can be stopped, I beg to observe that if ordinary depilatories will not destroy the hairs sufficiently, electrolysis should be employed. I have pursued this method for some time with much success. I am, Sir, your obedient servant,

Sackville-street, W., Oct. 13th, 1884. JAMES STARTIN.

To the Editor of THE LANCET.

SIR,—I would refer your correspondent to Section 21:2 of the Medical Digest, where, under the heading "Depilatories," will be found all the suggestions that have been made by different contributors to the medical papers during many years past.

I am, Sir, yours obediently,

South Hampstead, N.W., Oct. 14th, 1884. RICHARD NEALE, M.D.

ENGRAVINGS OF REMBRANDT'S PICTURES.

IN answer to several correspondents, we may say that copies of the engravings noticed by us last week may be obtained by order of Messrs. Williams and Norgate, Henrietta-street, Covent-garden, London, W.C.

Microbe.—See Dr. Timothy Lewis's letter in our issue of Sept. 20th, and our comments thereon in the same number.

Mr. Theodore Ewart (Salisbury).—The paper will appear shortly.

THE DEHYDRATION OF BODIES.

To the Editor of THE LANCET.

SIR,—You were kind enough in your last issue to notice my suggested process of dehydrating human bodies by a current of cool, dry, and germ-free air, and to express your opinion that it would afford one method of overcoming the disadvantage which cremation at present lies under of placing facilities in the way of poisoners. You naturally, however, reserve your opinion as to the practicability of the suggested process; and therefore I trust you will allow me space to point out that the process of mummification goes on spontaneously and successfully under conditions less favourable than those I recommend. The bodies buried in the vaults beneath the ancient church of St. Michan's in Dublin do not putrefy, but dry up to a species of mummy. This remarkable result is brought about, according to Drs. Cameron and Tichborne, who have investigated the matter independently, by the dryness of the air in the vaults and the absence of dust, and consequently of putrefactive bacteria. If this natural mummification is effected by dry germ-free air in the absence of antiseptics, it would seem to follow that a more perfect result would be obtained by the use of a current of air not merely dry in the popular sense, but chemically desiccated and freed from bacteria, especially as it would be easy to reduce the temperature to that indicated in the cold rooms of meat-carrying steamers traversing the tropical seas. As regards the production of the Egyptian mummies, I believe the function performed by the so-called antiseptics was much less important than is sometimes imagined. The molten asphalte or resin which was poured into the various cavities of the body was, I think, useful in filling them up, and so preventing them acting as reservoirs of air. The pickling process (for such it was), of course, tended to prevent immediate decay; but the efficacy of the process was for the most part due to the linen bandages which were so carefully and skilfully applied. The embalmers sometimes placed a thousand yards of linen upon a mummy, and they were very careful to avoid enclosing spaces of air. The linen, while not preventing the access of air and the consequent (perhaps slow) desiccation of the tissues, effectually filtered off the bacteria, and so prevented putrefactive change. In conclusion, I should like to say that the process I advocate is not really complicated. The owners of cargoes worth thousands of pounds constantly entrust them for months upon the ocean to the action of freezing machines, not furnished in duplicate, and the desiccation and filtration of air would offer no difficulty to the chemical engineer.

I am, Sir, yours faithfully,

Birmingham, Oct. 8th, 1884. THOMAS BAYLEY.

C. J. P.—We know nothing of the nostrum mentioned, and cannot undertake to warn the public against individual quack medicines.

Mr. Macdonald Brown (Edinburgh).—The lecture will appear in an early number.

Mr. W. H. Kesteven.—The article will be published shortly.

J. W.—Our correspondent, in our opinion, has no claim.

MANY communications are unavoidably held over till next week.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Box, Bristol; Mr. Watt; Mr. P. Ness, London; Mr. Elliott, Carlisle; Dr. Sexton, New York; Mr. Oakley, London; Mr. Macdonald Brown, Edinburgh; Mr. M. Martin, Glasgow; Mr. Perceval; Dr. Macalister, Cambridge; Mr. Knaggs, Trinidad; Dr. Ormsby, Dublin; Mr. Ogier Ward, Tottenham; Mr. Headley Neale, Leicester; Mr. Henry Lee, London; Professor Wharton Jones; Dr. Crutchley, Holmcroft; Mr. H. Sewill, London; Dr. C. T. Ewart; Mr. Birchall, Liverpool; Mr. McGill, Leeds; Mr. Greenish, London; Mr. Taylor, Davos Platz; Dr. Marsden, London; Mr. Scott, Manchester; Mr. Percival, Leamington; Mr. Douty, Worcester; Mr. A. Smith; Dr. Rutherford, Dumfries; Mr. Woodroff, Peterboro'; Mr. Baxter, Bristol; Miss Reid, Banbury; Mr. Brodey, Ilkley; Mr. Hewitt, Curzon-street; Mr. Macpherson, Middlesbrough; Mr. C. P. Crouch, London; Mr. Rendle, London; Mr. F. E. Cane, Leeds; Mr. J. Chalmers, London; Mr. G. Smith; Mr. Chauncy Puzy, Liverpool; Mr. Stenson Hooker, Midhurst; Mr. Mayo Robson, Leeds; Mr. J. Startin, London; Mr. C. S. Jeaffreson, Newcastle; Dr. Lee, London; Mr. A. H Cook, London; Dr. Herman, London; Mr. Podley, London; Messrs. Redfern and Co., Leicester; Dr. Barron, Manchester; Dr. Latham; Dr. Musgrove, Pontefract; Dr. Tate, Notts; Mr. Oskell, Carlisle; Messrs. Bell and Co., Lancaster; Mr. Wilson, Leamington; Mr. Hughes, Kingsland; Mr. Hicks, Wakefield; Messrs. Benjamin and Son, London; Dr. Richard Neale, London; Mr. E Lucas; Dr. Thompson, Ulverstone; Mr. Toller, London; Mr. Wingrave, London; Mr. Walker, Putney; Mr. Hayes, Birkenhead; Dr. Collier, Hastings; Dr. J. H. Martin, Chicago; Mr. Scott; Mr. J. Sharpe; Mr. Godlee, London; M.; G. T. M.; Spes; N. C., Liverpool; General Practitioner; Medicus, Southsea; Beaver; M. O. H.; An Undergraduate.

LETTERS, *each with enclosure*, are also acknowledged from—Mr. Bullen, Manchester; Mr. Hewer; Miss Sidney, Brighton; Mr. Moore, Bradford; Messrs. McGee and Co., Belfast; Dr. Murchison; Mr. Roberts; Mr. Richardson; Mr. Malcolmson, Kirby Moorside; Mr. Barrier, Hartlepool; Mr. Juler, London; Mr. Ryard, Leeds; Mr. Duke, Brighton; Mr. Harrier, Chard; Messrs. Grant and Son, Edinburgh; Mr. Jones, Sheffield; Mr. Hughes, Hanaworth; Mr. Bates, New York; Mr. Turner, Colchester; Mr. Deepway, Leicester; Mr. Barnes, Chesterfield; Messrs. Mackay and Co., Edinburgh; Mr. White, Bayswater; Mr. McGill; Mr. Head, Cambridge; Dr. Eberle, Thirsk; Mr. Bush, Chew Stoke; Messrs. Pope and Sons, Downham Market; Mr. Cornish, Manchester; Mrs. Parkinson, Bradford; Mr. Kinder, Leicester; Mr. Gottard, Alcester; Miss Meyer, Holloway; Dr. Harding; Mr. H A. Thompson; Rev. D. Inglis, Halstead; Mr. Pope, Eardesly; Mr. Bigg, London; Mr. Brown, Pimlico; Dr. Heslar, Hampstead; Messrs. Keith and Co., Edinburgh; Mr. Appleton, London; Neurosis, Bembridge; S. W., Manchester; Medicus, Pomeroy; Cissy, Wandsworth Common; Medicus, Ormskirk; Medicus, London; M. A. J., Woburn; Alpha, Clevedon; H. B., Liverpool; Georgius, Alpha, Cheapside; X. Y. Z., Plymouth; M.D., Hackney; J. W.; Medicus, Manchester; Omicron, Liverpool; Alpha, Blandford; M. M. M.; Medicus, Chelsea; Alexander; Rusticus; W., Manchester; Fidelitor, Clacton-on-Sea; E. A.; F.S.A.; M.D., Streatham; X. M., Cambridge; W. M.; Medicus, Bristol; Surgeon, Oldham; Medicus; Secretary; Consultant; H. T. W.

Southport Visitor, Western Mail, Sheffield Daily Telegraph, Harrow Gazette, Newcastle Daily Journal, Newcastle Daily Chronicle, Pioneer, Liverpool Courier, Manchester Courier, Sunderland Herald, Calcutta Englishman, Sunderland Daily Echo, &c., have been received.

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